



O.M.K.S Fundraiser Partnership Program

# THANK YOU!

For Your Support



## OMKS CARD MERCHANT AGREEMENT!

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Number: \_\_\_\_\_

For

Organization Name: \_\_\_\_\_ Expiration: \_\_\_ / \_\_\_ / \_\_\_

**The OMKS Card Offer:**  
(Check one of the following offers)

Buy \_\_\_\_\_ at Regular Price &  
Get \_\_\_\_\_ Free

Other print your offer Exactly how you would like it to appear:  
\_\_\_\_\_  
\_\_\_\_\_

**\* Our contribution to the campaign is FREE: \_\_\_\_\_  
\_\_\_\_\_ For approximately 1,000 SPONSORS**

### Merchant Please Sign & Return!

*I agree to advertise on the OMKS card indicated above for the expiration dates detailed herein. I understand that there is no cost to advertise on the card itself and further understand the critical nature of honoring the offer until the expiration date and agree to do so.*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_