



Chesterfield County Council of PTAs/PTSAs Fundraiser Agreement

My company agrees to participate in the Shop Chesterfield First PTA Fundraisers that are held the first and third week of every month during the school year on Tuesday, Wednesday, and Thursday.

Business Name: _____

Contact Name: _____

Email Address: _____

Phone Number: _____

Choose your donation to the PTAs:

10% of purchase

Other _____

Terms and Requirements:

1) Voucher required. All people that want to participate in the school fundraiser MUST have a voucher from www.shopchesterfieldfirst.com. If they do not have one, please go to the website and print one off for them. Click on "School Fundraisers". Click on their school PTA. Locate the voucher of their choice, and print it.

2) Write the total purchase amount on the voucher.

3) You will need to submit the vouchers and the check at the end of every month. You will not need to write individual checks to all the PTAs. You just write ONE check payable to: *Chesterfield County Council of PTAs/PTSAs*. The check will be the total amount to be donated. You will need to send the vouchers and the check to: Shop Chesterfield First, P.O. Box 1850, Midlothian, Va 23113. Shop Chesterfield First (SCF) will create a spreadsheet of the distribution totals and send it along with the check to the Chesterfield County Council of PTAs/PTSAs who will disperse the funds accordingly.

4) The term of the agreement is from the date signed below until the end of that school year.

Restrictions:

1) Participating business must be a current member of Shop Chesterfield First.

Termination of Agreement:

Either party may terminate this agreement at any time for any reason with 14 day notice. The terminating party must notify the other party by email or mail 14 days prior to the next fundraiser date or before the fundraiser dates and participating businesses are advertised.

By signing below, you agree to the terms outlined above. Please sign and fax to 1 (866) 746-9096, email to info@shopchesterfieldfirst.com, or mail to Shop Chesterfield First, P.O. Box 1850, Midlothian, Virginia, 23113.

Signature: _____ Print name: _____ Date: _____

Fill out and return to: **Shop Chesterfield First**, P.O. Box 1850, Midlothian, VA 23113
Phone (804) 475-4155 | Fax (866) 746-9096 | Email: info@shopchesterfieldfirst.com