

***Caring Club*® Merchant Participation Form**

Yes, I want to be a *Caring Club*® Merchant supporting my community through the Mesa United Way! The special discounts that my company provides to *Caring Club*® Card members will encourage them to contribute to the Mesa United Way's Community Care Fund and other focus areas. I understand that Mesa United Way will publish information about my company and the discount I have offered on their website and other *Caring Club*® promotional material.

Business Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

Web Site _____

Closest major intersection _____ and _____

Discount or other incentive to be offered (valid from present date to December 31, 2010)

Description of your business for the Mesa United Way Website (Optional - maximum 50 words)

You may also email your company logo to [Caring.Club@ mesaunitedway.org](mailto:Caring.Club@mesaunitedway.org)

For Merchant

For Mesa United Way

Authorized by _____

Approved by _____

Name _____

Name _____

Title _____ Date _____

Title _____ Date _____

Fax: (480) 834-8184 ATTN: Caring Club, Mesa United Way

Mail: Mesa United Way, 137 E. University Dr., Mesa, AZ 85201

Email: [Caring.Club@ mesaunitedway.org](mailto:Caring.Club@mesaunitedway.org)