



Dear Fundraising Coordinator,

Thank you for choosing the boostersplus program for your fund-raising needs. This program is an easy, convenient way for people to support your group by simply grocery shopping, something we all have to do anyway!

Once your group is registered, the enrollment cards will be sent to the store you requested and someone from the store will call you when they arrive. Distribute the cards to your supporters and ask them to take one to BI-LO the next time they shop. The cashier will scan the enrollment card with their BONUSCARD and that one-time scan will enroll them for your group until May 31. One percent of their purchases will be accredited to your group beginning on the first of the month following the month they enrolled. Discounted gift cards can also be purchased as an additional fund-raiser. A 4% discount will be given for orders over \$500.

Fill out the application and mail it back to the address below or fax it to 864-286-2821.

BI-LO
boostersplus Coordinator
PO Box 99
Mauldin, SC 29662

Please allow approximately two weeks for processing.
If you have any questions, please call (800) 768-4438.



Participant desires to take part in the BI-LO boostersplus program. Participant and BI-LO each agree that the following terms and conditions govern and that BI-LO, in its sole discretion, may modify or discontinue the program at any time.

Purpose of Program

The program is designed to make available funds for the support of activities of qualified organizations in return for encouraging their members, families and friends to shop with BI-LO.

Eligibility for Participation

A participant must be a school, church or a non-profit organization that supports children, education or hunger relief. All groups must provide a Federal Tax ID number or EIN number. Non-profit organizations must also provide a copy of their Letter of Determination (501-C3 status) to verify non-profit status.

BI-LO boostersplus ID Number

If approved by BI-LO, Participant will be assigned a boostersplus ID number and issued enrollment cards.

Participant's Responsibilities

To be eligible to participate, this agreement must be received by BI-LO two weeks before the beginning of the month the group wishes to start participating. If, for example, a group wishes to be eligible to participate in January, this agreement must be received by BI-LO no later than the second week in December. Participant agrees to promote the program and its benefits by encouraging its members, their families and friends to enroll using the Participant's boostersplus enrollment card and their BONUSCARD® at BI-LO. An individual's purchases will be attributed to the participant's boostersplus group on the first day of the month following the month the enrollment occurred. The group must not disparage or place in disrepute BI-LO, its business activities, reputation or good will. BI-LO, in its sole discretion, may accept or reject applications for participation.

BI-LO's Responsibilities

During the program period (August -May) BI-LO will contribute 1% of participating household purchases to the group, up to \$1,500 per program term (August -December and January -May). The maximum yearly donation per organization is \$3,000 (not including gift card discounts). In the event that a household is enrolled for more than one group, the purchases will be split evenly among the groups. At BI-LO's sole discretion, certain items including, but without limitation, money orders, gift cards, Western Union transactions, postage stamps and lottery tickets will be excluded from the program.

Earn Additional Money

In addition to the above, participants can purchase BI-LO gift cards at a 4% discount. A minimum order of \$500 is required. Increments of \$25, \$50 and \$100 are available through this program. The discount amount per participant shall not exceed \$1,000 per program period (August -May). Payment for gift cards is required at the time the gift cards are picked up.

Extension of Term

In its sole discretion, BI-LO may amend the terms of the Agreement as BI-LO deems appropriate upon notification to Participant.

Organization's Name: _____

Organization's Complete Address: _____

Organization's Contact Name & Phone: _____

Email: _____ **Federal Tax ID#:** _____

Number of Enrollment Cards Needed: _____ (Additional copies can be requested or made by the group at any time)

BI-LO Store Address & City that should receive your checks & enrollment cards for pickup:

Have you ever been enrolled in one of our fund-raising programs & if so, what was your ID number? _____

Organization's Mission Statement- Be specific & enclose a brochure if you have one: _____

