



“AulCare...Caring People...Caring Providers...Caring for YOU!”

AulCare “For YOU!” Discount Card Program Client Agreement

Date _____

Name of Business _____

Address _____

Type of business _____

Business Website _____

Name of Contact Person, Title and Telephone Number _____

Contact Person Email address _____

Please state the type of discount or offer you would like to allow for AulCare members (i.e. Buy one, get one free; 20% off initial visit; \$2 off lunch entrée, etc.)

Effective date of discount _____

Expiration date of discount (if applicable) _____

If more than 1 location, is the discount honored at all of the locations?

Yes No NA

If no, please specify which location(s) the discount will be honored. (If needed, attach additional sheets) _____

I understand this is a voluntary participation program. I understand that I can withdraw at any time. I agree to notify AulCare if I decide to discontinue my participation in this discount program. If we are no longer an AulCare client, I understand that we are not eligible to participate in this program.

_____ Print Name

_____ Signature

Office use only:

Existing client New Client

Group Effective Date _____ Group Number _____

Date business added to listing _____ Category _____

Date notification sent to client _____

11/05

Return the white copy and any additional information to:

AulCare “For YOU!” Program

P O Box 6910

Canton OH 44706

Retain the yellow copy for your records.