



DINING OUT FOR
EQUALITY

**EQUALITY
ILLINOIS**



PARTICIPATING RESTAURANT PARTNERSHIP AGREEMENT

Dining Out for Equality | October 2, 2014

Participating Restaurant Name: _____

Participating Restaurant Address: _____

Authorized contact name: _____

Contact phone number: _____

Contact email: _____

By signing the below agreement, I agree to participate as a Dining Out for Equality restaurant and commit to donating at the following level:

- \$600, prepaid in advance and received by EQIL by September 22, 2014. **=OR=**
- 25% of the restaurant's total gross sales on Thursday, October 2, 2014 (minimum of \$650) and payable no later than October 31, 2014

Payments should be made out to Equality Illinois Education Project. If you have additional questions, please e-mail Michael Nordman, Director of Development, at mnordman@eqil.org or call 773-477-7173.

Participating Restaurant Authorized Signature:

Signature

Date

Please email completed form to:
Michael Nordman
mnordman@eqil.org

Questions? Email Michael or call 773-477-7173