

WORLD AIDS DAY, SATURDAY, DECEMBER 1



DINING OUT FOR LIFE
Mobile / Baldwin
& Gulf Coast Area

AIDS Alabama South would like to invite your restaurant to join us on Saturday, December 1, for Dining Out For Life on World AIDS Day!

PARTICIPATING RESTAURANT AGREEMENT

Thank you for your support of AIDS Alabama South's Dining Out For Life! Whether you are a new participating restaurant or returning, we couldn't put on such a fun and successful fundraiser every year without your help. Plus, Dining Out For Life is a great opportunity to attract new customers and build relationships with existing ones.

Participating in Dining Out For Life isn't simply good philanthropy, it's good business. This is a highly visible event with tons of great exposure for your restaurant. Our marketing campaign includes:

- LIVE Cooking Segments on local TV stations – 207,400 viewers
- Facebook and Twitter campaign – 90,000+ impressions
- LIVE Facebook Cooking Segment held at your restaurant with your chef
- Posters and flyers distributed to local businesses
- Email blasts
- Monthly Facebook posts on Dining Out For Life page promoting your restaurant for one year
- Good-will generated through word of mouth



DININGOUTFORLIFE.COM/MOB

[#DINEOUTGIVEBACK](https://twitter.com/DINEOUTGIVEBACK)



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RESTAURANT INFORMATION:

This will be the official information used to promote your restaurant.

Name of Business _____

Address _____

City _____

State _____

Zip Code _____

Phone Number _____

Website _____

Cuisine _____

Number of Tables _____

PARTICIPATION HOURS:

Participation Hours _____

Breakfast _____

Lunch _____

Dinner _____

Late Night _____



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YOUR COMMITMENT:

_____ I agree to make a one-time donation of \$150 or more to participate in Dining Out For Life 2018

EXTRA PARTICIPATION:

_____ I agree to donate 25% of daily proceeds from 12/01/18

_____ I agree to donate 50% of daily proceeds from 12/01/18

_____ I agree to donate 100% of daily proceeds from 12/01/18

AUTHORIZED REPRESENTATIVE INFORMATION:

Name _____

Position/Title _____

Phone Number _____

Email Address _____

Mailing Address _____

Name of Contact Person _____

Email of Contact Person _____

Phone Number _____

Sign Here _____ **Date** _____

Make Checks Payable to: AIDS Alabama South

Mail Checks: AIDS Alabama South, ATTN: Kimberly McKeand, 4321 Downtowner Loop N., Mobile, AL 36609

