

## Gift Certificate Program Agreement

### Requirements for Participation:

1. To be eligible to participate in the Gift Certificate Program, I agree that I am a member in good standing with the Niagara River Region Chamber of Commerce.
2. I agree to honor all Niagara River Region Chamber of Commerce Gift Certificates for redemption at my business. I will accept expired certificates.
3. I understand that the entire amount of each Gift Certificate can be used to purchase goods or services in one establishment only and that *no cash or credit refunds* need be given. You may decide to issue a gift certificate from your establishment for the remaining amount should there be a balance.
4. As a participating business in the Gift Certificate Program, I understand that my business will be listed alphabetically on all Niagara River Region Chamber of Commerce promotions of the program.
5. I agree to return to the Chamber office, either by mail or in person, all Gift Certificates redeemed at my business. Upon surrendering the redeemed certificates, the Chamber will issue to me a reimbursement check for **95%** of the face value of each certificate redeemed.
6. Should I wish to *not* continue my participation in the program, I agree to notify the Chamber office in writing of my cancellation. I understand that my business will be required to honor any and all outstanding gift certificates that have been issued prior to the date of my cancellation request. ***All gift certificates include an expiration date of twelve (12) months from the date of issue. We will accept expired certificates.***

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I, the undersigned would like to participate in the Niagara River Region Chamber of Commerce Gift Certificate Program. I have read all the above requirements for participation and agree to the terms of this agreement.

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed agreement to:  
Niagara River Region Chamber of Commerce, 895 Center Street, Lewiston, New York 14092  
[Suzanne@NiagaraRiverRegion.com](mailto:Suzanne@NiagaraRiverRegion.com)  
Fax (716) 754-9555

**For Office Use Only:**

Program Start Date		Program End Date	
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