



**LETTER OF INTENT TO PARTICIPATE IN THE SAN ANTON SCHOOL PRIVILEGE CARD PROGRAMME 2017 - 2018**

I, \_\_\_\_\_ (Owner / Manager) of:

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

Located At: \_\_\_\_\_

Phone No.s: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Facebook: \_\_\_\_\_

Hereby agree to participate in the San Anton School Privilege Card Programme. We agree to offer the discount below to all San Anton School Privilege cardholders from 2 August 2017, through 1 August 2018. I hereby agree to forward payment of \_\_\_\_\_ EURO (**fee + VAT**)\*, to be listed as a participating company in the San Anton Privilege Card Programme.

Please submit letter of intent and payment to: **San Anton School**

**ATTN: Faye Camilleri Preziosi, San Anton School, L-Imselliet, L/O Zebbiegh, MGR 2850.**

**Retailers:**

\_\_\_\_ 10% off entire purchase

\_\_\_\_ Buy two items at regular price, get third regular priced item for 20% off

\_\_\_\_ 15% off entire purchases on \_\_\_\_\_ (designated day of the week), excluding sale items

\_\_\_\_ Other \_\_\_\_\_

**Restaurants:**

\_\_\_\_ 10% off entire meal on \_\_\_\_\_ (designated day of the week)

\_\_\_\_ One free \_\_\_\_\_ with purchase of two or more main courses

\_\_\_\_ Receive one free bottle of local wine during meal, if total bill exceeds \_\_\_\_\_ EURO

\_\_\_\_ Other \_\_\_\_\_

**Other businesses:**

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Owner-Manager's Signature / Phone / Date / Company Stamp

\* Please refer to the **Business Highlights** document for applicable fees.