



Memory Lane Hallmark
1350 Galloping Hill Road, Suite D
Union, NJ 07083



Could Your Group Use A “Helping Hand?”

Greetings,

Your group is working hard to make our community a better place to live. You are involved – putting in time, energy and a piece of yourself as a volunteer or as a program coordinator.

Yet energy, passion, and commitment are not enough. You need lots of different resources, including *money*. And fundraising is hard to do!

I want to help.

My name is Paul Stevens, my wife Valery and I are the owners of Memory Lane Hallmark.

We’d like to help your group by offering a donation for each of your members who is willing to come to our store as a “Secret Shopper” then fill out and return a short questionnaire about their experience. It’s a win-win situation for both of us... I get to know more about how our customers are being treated and you get money for your organization!

Here’s what you’d have to do:

- Line up and schedule your members to “secret shop” our store on various days and at various times.
- Make sure the shoppers are conscientiously completing their shopping assignments, filling out, and returning their forms.

Here’s what we’ll do for your members and your organization:

- Provide a secret shopper packet for each of your volunteers.
- Give each volunteer \$10 to spend while shopping in our store.
- Donate \$25 to your organization for every secret shopper form and receipt returned.

If you’re interested in partnering with us to raise money for your organization, please complete the form on the back and return it to me with photocopy evidence of your organization’s tax exempt, non-profit status. I look forward to working with you!

Sincerely,

A handwritten signature in black ink that reads 'Paul L. Stevens'.

Paul Stevens
paul@giftsatmemorylane.com
Mobile (908) 655-7816 Fax (908) 325-0260

Information about your organization:

Name (for mail and checks): _____

Mailing Address: _____

Number of members: _____

Tax Exempt (Yes/No): _____

What date could you be ready to start? _____

Primary Contact (this is the responsible person we will work with to run the program):

Name: _____

Email: _____

Phone (cell preferred): _____

Signature: _____

With my signature I accept responsibility to work with Memory Lane Hallmark, and run and coordinate the program for my organization.

Include a photocopy evidence your group is a tax-exempt non-profit organization.

More Secret Shopper Program Information

- We'll run the program for 12 weeks at a time and Memory Lane will donate \$300 to your organization (\$25 per form) if you return all 12 secret shopper forms.
- Please send a different secret shopper to the store once a week for 12 weeks.
- Please schedule your secret shoppers to shop the store at the following times:
 - At least once on Saturday morning and once on Saturday afternoon/evening
 - At least once on Sunday morning and once on Sunday afternoon
 - At least once on a weekday morning, once on a weekday afternoon and at least once on a weekday evening,
- You or the secret shoppers will mail the secret shopper forms to the owners at their home in the provided, addressed envelopes.
- Upon acceptance we will contact you to coordinate a start date and ask you to stop by the store to pick up your package of program materials for the 12 weeks.

P.S. If you have any friends, family or colleagues who are involved in other organizations or non-profit groups (anyone who could use that "helping hand") please feel free to let them know about us. Thanks!