

Return completed form to:

WCNY Connect Card Services
P.O. Box 2400, Syracuse, NY 13220
EMAIL connect.card@wcny.org
PH 315-453-2424 FAX 315-451-8824

Restaurant Partner Profile

Basic Information

Restaurant Name

Location Address

City		St	State/Province				Postal code		
Phone			Website						
Primary contact i	name:								
Email:									
lours/Days of Ope	eration								
Mon. Tues.		We	Wed.		u.	Fri.	Sat.		Sun.
Average/Typical P	rice of Entre	ée (pick only	one, m	ark with c	an "x")			T	
Less than \$1	Less than \$10		\$10 - \$30		\$30 - \$50			More than \$5	
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Menu Items

Sample offerings from your menu that will entice card holders to visit your restaurant. Items may be food or drinks, but preferably your signature dishes, customer favorites, or representative of the dishes you usually serve. Please list 4-6 items with descriptions up to 30 words each.

MENU ITEM	DESCRIPTION
1)	
2)	
3)	
4)	
5)	
6)	

Photos

Please email good quality, high res photos of your restaurant to: connect.card@wcny.org.

Questions or need assistance? Contact Connect Card Services at 315-453-2424.