



# REDEMPTION FORM



Church/Conference/School Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Please provide the following information for the individual filling out the form: *please print*

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## AGREEMENT

A total of \_\_\_\_\_ UPC/Labels from the canned Loma Linda products have been collected, counted, and verified, total reported on this form, and the UPC/Labels destroyed.

**No UPC/Labels from any frozen foods have been included in the total as those are not eligible for \$0.25 from this food company.**

A total of \$ \_\_\_\_\_ (\$0.25 for each UPC/Label) should be collected from Atlantic Natural Foods.

Signature of person filling out form: X \_\_\_\_\_ Date: \_\_\_\_\_

## GUIDELINES

- Only UPC/Labels from the eligible products named above can be reported on this form.
- Eligible UPC/Labels begin with 45561.
- There is a \$100 minimum in UPC codes needed to submit the form for reimbursement. Forms submitted below this amount will not be accepted.
- All eligible UPC/Labels reported will be reimbursed at \$0.25 each.
- Please submit a W-9 with this form if this is your first time receiving payment directly.
- Payment will be made to the organization submitting the label redemption form.
- Funds received will remain with the submitting organization to be used for worthy project chose.

• Email completed form to [slhoward@misda.org](mailto:slhoward@misda.org) or mail to:

Michigan Conference  
Attn: Stephanie Howard  
5801 W. Michigan Ave.  
Lansing, MI 48917

