



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 chosen.
- Email the form to: sales@atlanticnaturalfoods.com or mail to the address below:

Atlantic Natural Foods
ATTN: Labels Make Cents
110 Industry Court, Nashville, NC 27804

