

REDEMPTION FORM



| 2 | Include this form and |
|---|-----------------------|
| | a completed W9 with |
| | each shipment of UPCs |

| SCHOOL INFO | COORDINATOR INFO |
|---------------------------|---|
| N A M E | NAME |
| STREET ADDRESS | PHONE |
| CITY, STATE & ZIP | EMAIL |
| SUBMISSION INFO | |
| | PLEASE MAIL REDEMPTIONS TO |
| # OF BAGS | Loaves 4 Learning |
| | PO Box 540 |
| # OF UPCS IN EACH BAG | Cold Spring, MN 56320 |
| | A check will be mailed directly to your school including an extra \$5.00 to |
| TOTAL # OF UPCS SUBMITTED | help postage costs. For questions about this program, please email Contact@Loaves4Leraning.com |
| | |
| X | |
| SIGNATURE | DATE |

BROUGHT TO YOU BY THE BAKERS OF

By signing, I certify that I am the authorized Loaves 4 Learning Coordinator for my organization. I understand that giving false

information to the Loaves 4 Learning Program may be considered fraudulent under the U.S. Mail Fraud Statutes (18 U.S.C. 1341 and 3142).











