

Coupon Program Redemption Form

Farmer Name: _____

Make Check payable to: _____

Mailing Address: _____

Phone: _____ Date: _____

For confirmation of receipt, provide email address: _____

FMNP Farmer Number: _____

Redemptions:

<u>Coupon Type</u>	<u>Number of Coupons</u>	<u>(\$ Value</u>
Farmers Market Health Bucks (NYC)	_____	_____
Fresh Connect Checks	_____	_____
CNY Health Bucks	_____	_____
JSY Health Bucks	_____	_____
Total coupons	_____	_____

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JSY Health Bucks	_____	_____
Total coupons	_____	_____

Farmers' Market Health Bucks Redemption Form

**Stamp the face of each coupon with your current FMNP endorsement stamp.
We recommend you send in redemptions monthly.**

To guarantee reimbursement, final redemptions must be postmarked no later than:

Farmers Market Health Bucks: January 15, 2020

Fresh Connect Checks: January 15, 2020

CNY Health Bucks: December 1, 2019

JSY Health Bucks: December 1, 2019

Complete this redemption form and mail with your stamped coupons to:

Farmers' Market Federation of New York

109 Twin Oaks Drive, Suite U2, 3, 4

Syracuse, NY, 13204