

TRIPLE CROWN CARES PROGRAM Proof of Purchase Donation Form

(this form needs to be completed and included with all proof of purchase donations)

Donation for (Organization Name & Address):

Donator's Name:			
Telephone Number:			
Email Address:			
Date Submitted:			
	(Plea	se allow at least 3 weeks	s to process all credits)
Triple Crown Feeds/Supplements: Perform Gold, Senior Gold, Balancer Gold, Senior, Complete, Growth, Balancer, Lite, Low Starch, Naturals Pelleted and Naturals Golden Ground Flax	# of Proofs	X \$0.35 each	Total
Triple Crown Forages: Safe Starch® Forage, StressFree® Forage, Grass Forage, Alfalfa Forage Blend, Timothy Balance® Cubes, Alfalfa-Timothy Cubes and Alfalfa Cubes	# of Proofs	X \$0.25 each	Total

Mail this form, along with your neatly bundled and counted original proofs of purchase, to:

Triple Crown Nutrition Attn: Jessica Drexler 315 Lake Street East, Suite 300 Wayzata, MN 55391