



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: _____

(Please allow at least 3 weeks to process all credits)

Triple Crown Feeds/Supplements: Perform Gold, Senior Gold, Balancer Gold, Senior, Complete, Growth, Balancer, Lite, Low Starch, Naturals Pelleted, Naturals Golden Ground Flax and Functional Wafers	# 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**