

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:

Coupon Type	Number of Coupons	(\$) Value
Farmers' Market Nutrition Program	_____	_____
Farmers Market Health Bucks (NYC)	_____	_____
FreshConnect Checks	_____	_____
CNY Health Bucks	_____	_____
Total coupons	_____	_____

NOTE NEW ADDRESS FOR FEDERATION ON BACK

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Farmers' Market Coupon 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 Nutrition Program:	December 15
Farmers Market Health Bucks (NYC):	January 15
FreshConnect Checks:	January 15
CNY Health Bucks:	December 1

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

Farmers' Market Federation of New York
109 Twin Oaks Dr. Suites U2 - U4
Syracuse, NY 13206

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*FreshConnect Checks (only) may be initialed if vendor does not have an FMNP stamp.

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