

### 2023 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:

<b>Coupon Type</b>	<b>Number of Coupons</b>	<b>(\$ Value</b>
Famers Market Nutrition Program	_____	_____
Farmers Market Health Bucks (NYC)	_____	_____
FreshConnect Checks	_____	_____
Healthy Seniors	_____	_____
CNY Health Bucks	_____	_____

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Healthy Seniors	_____	_____
CNY Health Bucks	_____	_____

## Farmers' Market Coupon Redemption Form

Stamp the face of each coupon with your current Famers Market Nutrition Program (FMNP) endorsement stamp, if you have one, or initial the coupon.

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

Famers Market Nutrition Program: **December 15**  
Farmers Market Health Bucks: **January 15**  
FreshConnect Checks: **January 15**  
CNY Health Bucks: **December 15**

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

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

Contact: 315-400-1447 or [deggert@nyfarmersmarket.com](mailto:deggert@nyfarmersmarket.com)

## Farmers' Market Coupon Redemption Form

Stamp the face of each coupon with your current Famers Market Nutrition Program (FMNP) endorsement stamp, if you have one, or initial the coupon.

We recommend you send in redemptions monthly.

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

Famers Market Nutrition Program: **December 15**  
Farmers Market Health Bucks: **January 15**  
Fresh Connect Checks: **January 15**  
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