

# A REDEMPTION FORM

Use This Form Only For Redemptions

ORGANIZATION NAME \_\_\_\_\_ DATE \_\_\_\_\_

ORGANIZATION ADDRESS (NO P.O. BOXES) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COORDINATOR NAME \_\_\_\_\_ COORDINATOR'S DAY PHONE \_\_\_\_\_

# OF BATCHES ENCLOSED \_\_\_\_\_ TOTAL VALUE OF THIS REDEMPTION \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_

**HAVE YOU DONE THE FOLLOWING:**

1. Completed and returned parts A and B with your redemption?
2. Completed and detached part C of this form and had the store manager sign for your records?
3. Highlighted the total on each tape?
4. Made a batch of \$10,000 and wrapped with a rubber band?
5. Placed a slip on each batch showing exact total?
6. Arranged to drop your tapes off at your local DAKOTAMART.

NOTE: Only DAKOTAMART valid register tapes will be accepted. Tapes that are mutilated and do not contain a legible total will not be accepted.

**Drop off at your local DAKOTAMART**

**B DO NOT DETACH. PLEASE COMPLETE USING SAME INFORMATION AS ABOVE AND RETURN WITH YOUR REDEMPTION.**

ORGANIZATION NAME \_\_\_\_\_ TOTAL OF TAPES \_\_\_\_\_

STORE MANAGER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SHADED AREA FOR DAKOTAMART USE ONLY**

DATE \_\_\_\_\_ # OF BATCHES \_\_\_\_\_ COUNT VERIFIED BY \_\_\_\_\_ TOTAL REDEMPTION \_\_\_\_\_

**C COMPLETE THIS AREA AND HAVE THE STORE MANAGER SIGN AS YOUR RECEIPT**

TOTAL OF REGISTER TAPES \_\_\_\_\_ DATE \_\_\_\_\_

STORE MANAGER'S SIGNATURE \_\_\_\_\_