



\$1 Qualifying Products

\$2 Qualifying Products

\$3 Qualifying Products

\$4 Qualifying Products

OPERATOR INFORMATION All fields required for redemption Yes, I am a Camp Foodservice Operator **Check Here:** (refund payable to Camp Foodservice Operators only) Camp Name Contact Name Contact Title Street Address (where you can receive mail) City State Zip Phone Email Address To receive additional offers and communications from General Mills Foodservice. Forwarding Address (only if camp is closed by 10/01/19) City State Zip Phone Address City State Zip

CALCULATE YOUR REBATE			
Product Type	# of cases	\$ per case	Total
		Х	
		х	
		X	
		Х	
Total		Total Rebate	\$1250 maximum

TO RECEIVE YOUR REBATE









