

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 Health Bucks (NYC)	_____	_____
FreshConnect Checks	_____	_____
CNY Health Bucks	_____	_____
JSY Health Bucks	_____	_____
Total coupons	_____	_____

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Total coupons	_____	_____

Farmers' Market Health Bucks 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 Health Bucks: **January 15**

FreshConnect Checks: **January 15**

CNY Health Bucks: **December 1**

JSY Health Bucks: **December 1**

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

Farmers' Market Federation of New York
117 Highbridge St, Suite U1
Fayetteville, NY 13066

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