



AUTHORIZATION TO REDEEM HELPING HAND REWARDS

Name of Non-Profit Organization

Date

Phone Number

c/o

Address

City

State

Zip

ATTACH A COPY OF YOUR FEDERAL 501(c)(3) OR OTHER TAX
DESIGNATION LETTER

NOTE: The intent of the Helping Hand Program is to benefit charitable, non-profit organizations that have submitted an Authorization to Redeem form with their Helping Hand Rewards and been accepted by us as qualified. We reserve the right to refuse any applicant at our discretion. (The applicant, in order to qualify, generally would need to have a main office location within the trade territory of one of our participating stores.)

Authorized Person (print)

Title

Signature

TOTAL HELPING HAND REWARDS ATTACHED

\$ _____

(Send a minimum of \$25 and maximum of \$1,000 at one time. Submit cash with the same denominations grouped together, unstapled and unfolded. The final total is all that's necessary. We suggest sending by certified mail. Keep a copy of this form for your records.)

After completing this form, please mail it and your Helping Hand Rewards to Pyramid Foods General Office at the address below. Pyramid Foods will send you a check for the amount of the Helping Hand Rewards redeemed.

Attention: Helping Hand Program
Pyramid Foods General Office
1878 S. State Highway 125
Rogersville, MO 65742