

### Coupon Program Redemption Form

Farmer Name: \_\_\_\_\_

**Make Check payable to:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

FMNP Farmer Number: \_\_\_\_\_

#### Redemptions:

<u>Coupon Type</u>	<u>Number of Coupons</u>	<u>(\$)</u> Value
Farmers' Market Nutrition Program	_____	_____
Farmers Market Health Bucks (NYC)	_____	_____
FreshConnect Checks	_____	_____
CNY Health Bucks	_____	_____
Total # coupons	_____	_____

**NOTE NEW ADDRESS FOR FEDERATION ON BACK**

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## Farmers' Market Coupon Redemption Form

Stamp the face of each coupon\* with your current FMNP stamp. .  
We recommend you send in redemptions at least monthly.

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

Farmers' Market Nutrition Program (FMNP):	<b>December 15</b>
Farmers Market Health Bucks (NYC):	<b>January 15</b>
FreshConnect Checks:	<b>January 15</b>
CNY Health Bucks:	<b>December 1</b>

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

Farmers' Market Federation of New York  
109 Twin Oaks Dr. Suites U2 - U4  
Syracuse, NY 13206

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

\*FMNP MUST be stamped. NYC Health Bucks require FMNP Stamp. FreshConnect Checks may be initialed if vendor does not have an FMNP stamp.

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