Milk Cap Redemption Form

School Name: ______________________________________________

School Address: ____________________________________________

City: __________________________ Zip: ________________________

School Principal’s Name ______________________________________

Person submitting Caps on behalf of school: ______________________

Title: _______________________________________________________

Phone: ______________________ Email: _________________________

Number of Caps being redeemed at this time: ___________________

I have verified that ALL Caps are from Longmont Dairy Bottles

Received by: _______________________________________________

Date Received: _____________________________________________

Approved by: ______________________________________________

for Longmont Diary

A check will be issued to the school named above and mailed to the Principal. The Principal will determine how to disburse the funds for the benefit of your school’s students.

Thank you for participating in Milk Caps for MOOOLA