

Date: _____

Club Name: Tri-State Horsemen's Association

Mail to:

Contact Person: Jo-Ann Reavis
529 Pendleton Hill Road
North Stonington CT 06359

Telephone: 860-599-2409

Email: joanne@tristatehorsemen.com

THE AMOUNT THAT YOUR PROOFS OF PURCHASE BRING TO TRI-STATE

Nutrena® Product	Quantity	Amount	Total	Verify (TSHA only)
Life Design®, Vitality®, Legacy®	_____ x	0.35/proof = \$ _____		_____
Safe Choice®, LiteBalance® and XTN™ Empower™	_____ x	0.50/proof = \$ _____		_____
Triumph® Horse Feeds	_____ x	0.10/proof = \$ _____		_____
Horse Kwik®, NW Stretch Hay Extender®	_____ x	0.10/proof = \$ _____		_____
Naturewise™ Farmstore Feeds	_____ x	0.20/proof = \$ _____		_____
Cargill™ Milk Plus	_____ x	0.20/proof = \$ _____		_____
Dairyway™ / Dairy Focus Feed	_____ x	0.20/proof = \$ _____		_____
All Other Nutrena® Grain Products	_____ x	0.10/proof = \$ _____		_____
River Run® Dog Foods 50 #	_____ x	0.40/proof = \$ _____		_____
Pro Premium® Cat Food 20 #	_____ x	0.20/proof = \$ _____		_____
Loyall™ Pet Food 20 # / 50#	_____ x	0.25/proof = \$ _____		_____

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Thank you for your participation in the Nutrena Club Support Program, and your support of Tri-State. Your effort to raise funds is very much appreciated.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you a 2010 TSHA member? \_\_\_\_\_

If not, would you like membership information sent to you? \_\_\_\_\_

*Thank you!*