

# **BUY 15, GET \$30**

### Frequent Buyer Rewards Program

#### **HOW IT WORKS:**

- · Clip and save proofs of purchase from participating Triple Crown® products—Triple Crown manufactured feeds. Safe Starch® and StressFree® forages, Golden Ground Flax, Timothy Balance® Cubes, Essential Omega Blend, Rice Bran and Functional Wafers. Oats and non-fortified forages and cubes do not qualify.
- Once 15 proofs are saved, send proofs and completed submission sheet or Frequent Buyer envelope to:

**Triple Crown Nutrition** P.O. Box 220 Mohnton, PA 19540

Please allow up to 8 weeks for processing.



#### **RULES/REGULATIONS:**

- Must submit proof of purchases, receipts will not be accepted.
- Limit of 12 \$30 debit cards (\$360 value) per customer, per calendar year.
- If submitting more than 15 proofs, they must be bundled in groups of 15. Proofs are counted in increments of 15; incomplete groupings will not be counted or returned.
- · Keep track of your submissions. Proofs submitted that exceed the yearly maximum redemption allowed (180 proofs) will not be returned.



#### 2025 REDEMPTION SHEET

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We hope this program supports your equine endeavors, whether it helps cover show entries, new tack, rehabbing a horse, training, traveling expenses, or feed. We strive to support our customers in their goals for their horses' health and performance. Thank you for choosing Triple Crown.

Please send completed form and proofs to: Triple Crown Nutrition, P.O. Box 220, Mohnton, PA 19540

Customer Name:			
Address:			
Email:	Phone:		
# of Proofs Enclosed:			
2025 Triple Crown Rewards Submission Tracker Clip off and retain for your records			
1. Date Mailed:	# of proofs sent:	9. Date Mailed:	# of proofs sent:
2. Date Mailed:	# of proofs sent:	10. Date Mailed:	# of proofs sent:
3. Date Mailed:	# of proofs sent:	11. Date Mailed: ————	# of proofs sent:
4. Date Mailed:	# of proofs sent:	12. Date Mailed: ————	# of proofs sent:
5. Date Mailed:	# of proofs sent:		
6. Date Mailed:	# of proofs sent:		
7. Date Mailed:	# of proofs sent:		
8. Date Mailed:	# of proofs sent:		