

MILK CAPS FOR MOOOLA

Cap Redemption Form

Thank You for Participating in Milk Caps for Mooola!

Please fill out one form per pick-up.

School Information:

School Name: _____

Street Address: _____

City: _____

Zip Code: _____

Principal's Name: _____

School Contact Name: _____

Title: _____

Email: _____

Phone: _____

Payment Information:

- Checks can be made out to the school or entities within the schools (e.g., PTA).
- The funds must be used to benefit the school and/or students at the school.
- A check will be issued to the party listed on this form and mailed to the Principal. The Principal will determine how to disburse the funds for the benefit of the students.
- Make Checks Payable to: _____

Cap Collection:

- Number of caps (optional): _____
- Please verify that all caps are from Longmont Dairy bottles.

For Longmont Dairy Staff Use Only

- Confirmed number of caps: _____
- Weight of caps: _____
- Received by: _____
- Date received: _____
- Approved by: _____