



MATERIAL RE-ORDER REQUEST



Company Name: _____ Date: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

STORE PACKAGE:

- 3 Door decals/Window clings
- 10 Cash register stickers
- 20 Shelf tags
- 8 Program info notepads (50 sheets/pad)
- 2 Posters
- 10 Brochures
- 1 Training CD

PACKAGES REQUESTED: _____

ADDITIONAL ITEMS REQUESTED:

- Door decals/Window clings _____
- Cash register stickers _____
- Shelf tags _____
- Program info notepads (50 sheets/pad) _____
- Posters _____
- Brochures _____
- Training CD _____

\$10.00 shipping and handling fee per order for all re-order requests

Payment Options:

Check or Credit Card (We accept Visa, MasterCard, Discover, American Express)

Card Number: _____ Exp. Date: _____

Card Holder: _____

Signature: _____

Please return all requests to:
 Minnesota Grocers Association Foundation
 Attn: Kari Knosalla/Jamie Pfuhl
 533 St. Clair Ave.
 St. Paul, MN 55102
 (651) 228-0973 Fax: (651) 228-1949