



315 Lake Street East, Suite 300
Wayzata, MN 55391
Phone: 952-473-6330
Fax: 952-473-6571
jdrexler@triplecrownfeed.com

TRIPLE CROWN® CARES PROGRAM

When your 501c3 organization becomes a member of Triple Crown Nutrition's Cares Program, you benefit from our ongoing commitment to the equine industry.

We know Triple Crown customers care about their horses and are just as passionate about the clubs, associations and equine nonprofit organizations to which they belong. Our Cares Program gives you and Triple Crown a way to give back to the equine industry by supporting equine events, programs and activities.

Have your organization review the enclosed materials and send in the completed Triple Crown Cares Program Agreement form. Then simply collect and submit proofs of purchase from Triple Crown feed and forage bags. We'll credit your group's account until you need funds for an upcoming equine event or activity.

It's easy and best of all, you can collect proofs of purchase from any Triple Crown customer and deposit them in your group's account. The sooner you get started, the sooner you'll have more dollars to put toward reaching the goals of your organization!

If you have any questions regarding the Triple Crown Cares Program, give us a call at 800-451-9916 or send me an email at jdrexler@triplecrownfeed.com. We look forward to working with you!

Sincerely,

Jessica Drexler
Triple Crown Nutrition
Partner's Program Coordinator



TRIPLE CROWN CARES PROGRAM AGREEMENT

When signed by Triple Crown Nutrition, Inc. and the participating organization, this agreement establishes the organization's participation in the Triple Crown Cares Program. This agreement will remain in effect until terminated by either party at any time by written notice to the other party.

Under the terms of this agreement, Triple Crown Nutrition agrees to maintain a total count of proofs of purchase submitted to Triple Crown Nutrition by the organization. Upon written request by the organization, Triple Crown will pay out, to the organization, the dollar amount represented by the proofs of purchase as follows:

- \$0.35 credit for each original proof of purchase from the following Triple Crown feeds/supplements:

Perform Gold, Senior Gold, Balancer Gold, Senior, Complete, Growth, Balancer, Lite, Low Starch, Naturals Pelleted and Naturals Golden Ground Flax

- \$0.25 credit for each original proof of purchase (or UPC if no proof) from the following forage products:

Safe Starch® Forage, StressFree® Forage, Grass Forage, Alfalfa Forage Blend, Timothy Balance® Cubes, Alfalfa-Timothy Cubes and Alfalfa Cubes

Send proofs of purchase to Triple Crown Nutrition, Attn: Jessica Drexler, 315 Lake Street East, Suite 300, Wayzata, MN 55391. Submissions may be made as often as desired. Proofs must be bundled, sorted, counted and included with a submission form.

The organization agrees to annually provide Triple Crown Nutrition with a list of names and addresses of its members. It will also mention Triple Crown Nutrition as a supporter of the organization in all public information. To receive funds, the organization must submit a completed Request for Funds Form to Triple Crown Nutrition with a full description of the intended use of the funds, including date and location of event(s).

This letter shall constitute the entire agreement between Triple Crown Nutrition, Inc. and the organization. No additional requirements or obligations shall be expected of either party under this agreement.

Authorized Signature of Organization: _____ Date: _____

Print Name: _____ Title: _____

Legal Name of Organization: _____

Authorized by: _____ Date: _____

Triple Crown Employee

**MAIL FORM TO:
Triple Crown Nutrition
Attn: Jessica Drexler
315 Lake Street East, Suite 300
Wayzata, MN 55391**



TRIPLE CROWN CARES PROGRAM Proof of Purchase Submission Form

(this form needs to be completed and included with all proof of purchase submissions)

Organization Name and Address: _____

Organization's Contact Person: _____

Telephone Number: _____

Email Address: _____

Date Submitted: _____

(Please allow at least 3 weeks to process all credits)

Triple Crown Feeds/Supplements: Perform Gold, Senior Gold, Balancer Gold, Senior, Complete, Growth, Balancer, Lite, Low Starch, Naturals Pelleted and Naturals Golden Ground Flax	# of Proofs	X \$0.35 each	Total
Triple Crown Forages: Safe Starch® Forage, StressFree® Forage, Grass Forage, Alfalfa Forage Blend, Timothy Balance® Cubes, Alfalfa-Timothy Cubes and Alfalfa Cubes	# of Proofs	X \$0.25 each	Total

Mail this form, along with your neatly bundled and counted original proofs of purchase, to:

**Triple Crown Nutrition
Attn: Jessica Drexler
315 Lake Street East, Suite 300
Wayzata, MN 55391**



TRIPLE CROWN CARES PROGRAM Funds Request Form

Organization Name and Address: _____

Organization's Contact Person: _____

Telephone Number: _____

Email Address : _____

Date Submitted: _____ *(Please allow at least 3 weeks to process your request)*

Reason for the use of funds (please include date(s) and location(s)):

We will mention Triple Crown Nutrition in the following printed materials as a supporter of this organization:

We request, if possible for a Triple Crown Representative to be present at the following event(s):

Mail, fax or email this form to:

Triple Crown Nutrition
Attn: Jessica Drexler
315 Lake Street East, Suite 300
Wayzata, MN 55391
Phone: 800-451-9916; Fax: 952-473-6571; Email: jdrexler@triplecrownfeed.com