



## Club Rewards

---

### Request for Funds

Formula of Champions Club Rewards Account Number \_\_\_\_\_

Organization name and address \_\_\_\_\_

\_\_\_\_\_

Organization's Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ *Please allow at least 4 weeks to process your request.*

Reason for the use of funds/date and location: \_\_\_\_\_

\_\_\_\_\_

We will mention Formula of Champions in the following printed materials as a supporter of this organization: \_\_\_\_\_

\_\_\_\_\_

We request, if possible, for a Formula of Champions Representative be present at the following event(s): \_\_\_\_\_

Mail or fax this form to:

Kalmbach Feeds Inc.  
c/o Formula of Champions Club Rewards  
7148 State Highway 199  
Upper Sandusky, OH 43351  
Fax: 419-294-4350