



JOIN OUR PROGRAM!

SCHOOL INFO

NAME

OF STUDENTS ATTENDING THIS SCHOOL

STREET ADDRESS

TYPE OF SCHOOL

CITY, STATE & ZIP

Elementary

Middle

High school

Other _____

COORDINATOR INFO

NAME

**PLEASE MAIL, ALONG
WITH A COMPLETED
W9 FORM TO:**

PHONE

Loaves 4 Learning

P.O. Box 540

EMAIL

Cold Spring, MN 56320



SIGNATURE

DATE

By signing, I certify that I am the authorized Loaves 4 Learning Coordinator for my organization. I understand that giving false information to the Loaves 4 Learning Program may be considered fraudulent under the U.S. Mail Fraud Statutes (18 U.S.C. 1341 and 3142).

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