

Number of labels enclosed

Participation # _____

Please check this box
if your Bonus Certificate
is also enclosed.



Best Choice Save-A-Label Redemption Form

Please complete the information below.
Send this form with your Best Choice UPC's to:

Best Choice Save-A-Label
P.O. Box 2937
Kansas City, Kansas 66110-9987

Name of Organization _____

Address _____

City _____ **State** _____ **Zip** _____

Contact Person _____ **Phone** _____