



# Caps To Cash™ Submission Form

Drop off sealed boxes with the completed submission forms at your local Auburn Pharmacy retail location or mail boxes with the completed submission forms inside it to:

**Auburn Pharmacy, Inc.**  
**Caps To Cash™ Program**  
259 W. Park Road, Garnett, KS 66032

Date: \_\_\_\_\_ Cap Quantity This Box: \_\_\_\_\_ Box #: \_\_\_\_\_ of \_\_\_\_\_

Organization Name \_\_\_\_\_ Caps ID# \_\_\_\_\_

Street Address \_\_\_\_\_ City/ State/Zip \_\_\_\_\_

Caps Coordinator Name \_\_\_\_\_ Coordinator Phone \_\_\_\_\_

Coordinator Email \_\_\_\_\_

\*Refer to official rules regarding donation payments.



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