

AUBURN PHARMACY

Caps To Cash™ Enrollment Form



"Giving back for the benefit of our communities"

Date: _____

Organization Name

Address

City

State

Zip

Phone

Fax

URL

Caps Coordinator Name

Position

Coordinator Phone

Coordinator Email

Please check the AuBurn Pharmacy location with which you wish to enroll:

KANSAS

- | | | | |
|---------------------------------------|----------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Abilene | <input type="checkbox"/> Eudora | <input type="checkbox"/> Lindsborg | <input type="checkbox"/> Olathe |
| <input type="checkbox"/> Baldwin City | <input type="checkbox"/> Garnett | <input type="checkbox"/> Louisburg | <input type="checkbox"/> Osage City |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Leawood | <input type="checkbox"/> Minneapolis | <input type="checkbox"/> Paola |
| <input type="checkbox"/> Carbondale | <input type="checkbox"/> Lebo | <input type="checkbox"/> Mound City | <input type="checkbox"/> Wellsville |
| <input type="checkbox"/> Concordia | | | |

MISSOURI

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Camdenton | <input type="checkbox"/> Nevada |
| <input type="checkbox"/> Higginsville | <input type="checkbox"/> Parkville |
| <input type="checkbox"/> Holden | <input type="checkbox"/> Rich Hill |
| <input type="checkbox"/> Independence | <input type="checkbox"/> Smithville |
| <input type="checkbox"/> Lamar | |

I agree that I have read and understand the Official Rules and Terms and Conditions of this program.

Please provide documentation of 501(c)(3) status.

Mail, fax or turn in at any AuBurn Pharmacy retail location, your completed Enrollment Form and required documentation:

AuBurn Pharmacy, Inc.
Caps To Cash™ Program
259 W. Park Rd
Garnett, KS 66032
capstocash@auburnpharmacies.com
(785) 448-3206 - fax