



## Caps To Cash™ Enrollment Form

Date: \_\_\_\_\_

Caps To Cash™

Caps To Cash Kids™

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

- Abilene       Eudora       Louisburg       Osawatimie
- Baldwin City     Garnett       Minneapolis     Paola
- Burlington       Leawood       Mound City     Wellsville
- Carbondale       Lebo           Olathe
- Concordia       Lindsborg     Osage City

### Missouri

- Camdenton       Nevada
- Higginsville     Parkville
- Holden           Rich Hill
- Independence    Smithville
- 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 your completed Enrollment Form and required documentation at any AuBurn Pharmacy retail location or to the Caps To Cash™ Program address on the right.

### AuBurn Pharmacy, Inc. Caps To Cash™ Program

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