

MARKETPLACE FOOD & DRUG

“WE CARE” PROGRAM

PROGRAM OUTLINE: Organization members save their cash register tapes with a “WE CARE” sticker attached and turn them in to their organization representative. The organization representative turns them in to Johanneson’s Inc. for a 1% rebate of the total tapes turned in. Tapes should total approximately \$5,000 or more when turned in. The more members who shop at MarketPlace Food & Drug, the more money the organization will earn.

Make it easy for the members of the group to save their tapes. Put collection boxes in your meeting place. Insert reminders in your newsletters and on your bulletin boards. Anything you can do to remind your members to shop at either store and to save their register tapes (with a “WE CARE” sticker attached) will earn more money for your organization.

APPROVAL AT CHECKOUT

Only receipts with a We Care sticker or stamp applied and the date imprinted on the receipt will be eligible for reimbursement as outlined in the program. Organization participants **MUST** request that their receipt be approved at the time of purchase by the cashier affixing a sticker or stamp to the receipt. Items that **DO NOT** qualify for reimbursement are money orders, lottery tickets and stamps. If any of these items are on your receipt they will be deducted from the receipt total. Submission of ineligible receipts may result in cancellation of your membership in this program. Remember to ask for approval and stamp and the time of purchase. Stickers cannot be attached later.

ONE PERCENT REIMBURSEMENT

All qualifying receipts must be accompanied with an adding machine tape attached to receipts. These guidelines must be followed when submitting receipts.

1. Receipts must be whole and not torn. If you need to cover a credit card number please do so with a black marker, do not tear the receipt.
2. All receipts must be sorted and neatly grouped in bundles of approximately \$500.00. Please fold receipts so they are 8-9” long and make sure they lay flat. Do not roll.
3. An adding machine tape must be attached to each bundle of receipts with a paper clip or staple. Print full name of organization on each bundle.
4. All receipts sent must be contained in one package.
5. Receipts must not be older than one year from the beginning of the month that you are submitting.

Packages can be carried to your local MarketPlace Foods or can be mailed to:

Johanneson’s Inc.
Attn: Darlene
PO Box 608
Bemidji, MN 56619-0608

DO NOT ASK CASHIERS TO SAVE RECEIPTS FOR YOU THAT CUSTOMERS LEAVE BEHIND. THIS IS NOT ALLOWED.

**MARKETPLACE FOOD & DRUG
“WE CARE” REGISTRATION FORM**

PLEASE PRINT

Non-Profit Organization Name _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Organization’s Leader (President, Priest, etc.) _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Type of Organization _____

Approximate Number of Members _____

Name of Group Representative who will be in charge of the **“WE CARE”** program:

_____ Phone (____) _____

What project(s) will the money earned from this program be used for? _____

I certify that this organization is a bona fide non-profit group. I understand that Johanneson’s Inc. DBA Marketplace Food reserves the right to investigate the legitimacy of any organization and may cancel any group’s membership in this program at any time.

Signature of Organization
Representative

Johanneson’s Inc.
Representative

Date