



## Eligible Products

**SKU**

**PRODUCT DESCRIPTION**



## OPERATOR INFORMATION

### I am a Foodservice Operator in:

- |                      |                    |
|----------------------|--------------------|
| Restaurant           | B&I                |
| C-Store              | Healthcare         |
| College & University | Independent Bakery |
| Lodging              | Other              |

Establishment Name

Contact Name Contact Title  
*To receive additional offers and communications from General Mills Foodservice*

Mailing Address

City State Zip

Phone Fax

Email Address

*To receive more information related to this rebate and similar products*

Operator Signature (required)

Chain/Food Management/Buying Group

Distributor House

DSR Email Address

City State

**MAIL WITH PROOFS OF PURCHASE TO:**

*Must be postmarked on or before*

## CALCULATE YOUR REBATE

Product	# of Cases	Total Rebate
		x \$2.00 =

## TO RECEIVE YOUR REBATE



generalmillscf.com  
1-800-243-5687