# **CUSTOMER COUPON**

### VENDOR: 7508 ~ COUNTRY PURE

SIDEKICKS MENU REBATE

Effective Dates: July 1, 2024 to September 30, 2024

Submission Deadline: November 30, 2024

| IFD #  | MFG # | Description                         | Pack     |
|--------|-------|-------------------------------------|----------|
| 22907  | 2009  | Blue Raspberry Lemon Slushies       | 84/4.4 z |
| 22914  | 2015  | 100% Strawberry Mango Slushies      | 84/4.4 z |
| 22910  | 2014  | 100% Strawberry Kiwi Slushies       | 84/4.4 z |
| 22908  | 2016  | Sour Cherry Lemon Slushies          | 84/4.4 z |
| 103006 | 2026  | 100% Strawberry Kiwi Juice Box 44/4 |          |

#### \$5.00/case

Minimum:

#### Maximum: No Maximum

Offer valid for K12 foodservice operators only. Not available under bid or contract pricing. Cannot be combined with any other offer.

Tracking reports accepted.

IFD FOODSERVICE DISTRIBUTOR http://www.callifd.com 313 Hastings Place | Eau Claire, WI 54703 Phone: 800.873.0131

# Menu Rebate \$5 Per Case July-September 2024





- Mfr #2010 Hooray! Banana and Cherry Flavor
- Mfr #2027 Stars & Stripes! Cherry and Lemon Flavor



## **Program Details**

Qualify for a \$5/case rebate:

- Rebate of \$5 is valid on all cases of SideKicks purchased during the July-September 2024 timeframe only.
- Submit this completed form with acceptable proof(s) of purchase: distributor summary/velocity report or invoices
- · Submit July-September 2024 rebate requests on or before November 30, 2024 deadline by email: rebates@countrypure.com

This rebate is for SideKicks products only and cannot be combined or utilized in conjunction with discounted bid pricing, pricing discounts or other rebates. The regular \$3 rebate will resume in October 2024 and continue for the remainder of the school year.

| School District/Facility Name            |             |               |             |
|--|-------------|---------------|-------------|
| Address                                  |             |               |             |
| City                                     | State       |               | Zip         |
| Foodservice Director/Manager             |             |               |             |
| Director's/Manager's Email               |             |               |             |
| Menu date 1                              | Menu date 2 |               | Menu date 3 |
| Number of cases claimed with this form . | cases       | Distributor _ |             |
| UNITAL PUT                               |             |               |             |