



REDEMPTION FORM

Name: _____

Phone: _____

Company Name: _____

Address: _____

Cost Center (if applies): _____

REWARDS

Total Redeemable Brownie Points: _____

Points Redeemed _____	Redeem For:	<input type="text" value="Amazon Gift Card"/>	Amount _____
Points Redeemed _____	Redeem For:	<input type="text" value="Amazon Gift Card"/>	Amount _____
Points Redeemed _____	Redeem For:	<input type="text" value="Amazon Gift Card"/>	Amount _____

It is up to each individual to ensure that he/she is in compliance with the corporate policies of their company.

Signature: _____ **Date:** _____

NOTE: To receive brownie points, orders must be paid for within 60 days of delivery of the order. If not, brownie points will be withheld.

Please mail or fax (617/451-5329) completed form to receive your reward. Please send emails to browniepoints@milkstreetcafe.com with any questions. Please allow 3-4 weeks for delivery.