

FreshRx Coupon Redemption Form

Date: _____ Name of Market: _____

Farmer Name: _____

Make Check Payable to: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Number of Coupons: _____ Value of Coupons: _____

I confirm that, to the best of my knowledge, the information above is accurate.

Signature: _____

When completed, please mail with FreshRx coupons to Attn: Delilah Socci
707 East Main Street Middletown, NY 10940 for reimbursement. All coupons
must be submitted by August 31, 2026.

Thank you for helping keep Sullivan and Orange County healthy.