



# Redemption Form

Entire form **MUST** be completed for your order to be processed.  
Please type or print and mail completed form to:

**CURewards Award Headquarters**  
**2440 West 34<sup>th</sup> Street, Chicago, IL 60608-5134**

Cardholder Name: \_\_\_\_\_

Credit Union Credit Card Account Number: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Sponsoring Credit Union Name: \_\_\_\_\_

QTY · 1	Item Number: 30402-COM Item Name/Size: Panasonic VCR	<b>Sample Entry</b>	Points 13,000
QTY ·	Item Number: Item Name/Size:		Points
QTY ·	Item Number: Item Name/Size:		Points
QTY ·	Item Number: Item Name/Size:		Points
QTY ·	Item Number: Item Name/Size:		Points
Total Points Redeemed			

***Please sign and date:***

Cardholder Signature: \_\_\_\_\_

Order date: \_\_\_\_\_

Receipt of order signifies that I have read and agree to abide by the rules and conditions of the CURewards Program. Visit [www.CURewards.com](http://www.CURewards.com) for additional rules