



## Merrick's Show Choice Partner's Program

When requesting for funds, please fill out this sheet and return. This form needs to be filled out by the project leader. Please have the correct organizations name that the check will be written out to listed. Please allow at least 4 weeks to process your request.

Program Members Account Number: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_

Organization Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Use for the funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Merrick's will be mention as a supporter for this event? \_\_\_\_\_

If for an event, can a Vets Plus, Merrick's or RDL Representative attend the event: \_\_\_\_\_

If any questions, please contact Sarah Schalk at  
715.231.1234 ext. 506

Send forms to:  
[partnersprogram@merricks.com](mailto:partnersprogram@merricks.com)

or

R&D LifeSciences Attn: Sarah  
902 Stokke Parkway  
Menomonie, WI 54751