



Please include the below information along with a copy of your invoice showing a qualifying purchase to be eligible for the Hanes4Education Rebate Program.

**Mail all details to:**

Hanes Rebates for Education  
PO Box 2609  
Grand Rapids MN 55745-2609

**SUBMITTER'S DETAILS:**

Contact Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
Company City \_\_\_\_\_  
Company State \_\_\_\_\_  
Company ZIP \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
Date \_\_\_\_\_

**ADDITIONAL SCHOOL DETAILS:**

School Name \_\_\_\_\_  
School Address \_\_\_\_\_  
School City \_\_\_\_\_  
School State \_\_\_\_\_  
School ZIP \_\_\_\_\_  
School NCES Number (If Available) \_\_\_\_\_  
Donor Name \_\_\_\_\_

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