

NCR Worker Incentive Program

Redemption Form

Please fill out and mail along **with your NCR WORKER CARD and RECEIPTS** to:

**NCR-SCCA
C/O 4455 NC Hwy. 87 North
Pittsboro, NC 27312**

Total Punches: _____ (each punch valued at \$30.00)

Name: _____

Address: _____

Phone #: _____

Email: _____

Member #: _____

The redemption form, worker card **and** receipts must be received by **December 31st** of each calendar year!

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