



\$50
Easter
Gift Card
[ONE PER HOUSEHOLD]

OFF-RESERVATION THREE AFFILIATED TRIBES ENROLLED MEMBERS NATIONWIDE

Chairman Fox is providing a \$50 Easter Gift Card per TAT Household for enrolled members living “OFF” the reservation.

Students living away from home are eligible but must use their school email for the submission process and provide acceptable proof of current enrollment in their academic institution.

For faster processing, please **EMAIL** your application to **SAGECOULEEOUTREACH@GMAIL.COM**. Ensure your submission is timestamped by April 12th, 2024, at 5 p.m. CST. There will be **NO** exceptions to this deadline.

ALTERNATIVELY, YOU MAY SEND YOUR APPLICATION TO THE FOLLOWING ADDRESS:

Sage Coulee Outreach and Wellness Facility, 1321 Elbowoods Lane, Bismarck, ND 58503

All mailed submissions must be postmarked by April 12th, 2024. **NO** exceptions will be made. Please allow two to three weeks for processing, although this timeframe may vary depending on the volume of applications.

ACCURACY AND LEGIBLE WRITING IN YOUR APPLICATION IS CRUCIAL TO AVOID DELAYS.

By signing this form, you agree to share your name, email, and mailing address—which must correspond with your Tribal Enrollment address—with Corporate Traditions, our third-party vendor. This information is necessary for sending your gift card. Rest assured, no additional personal information will be disclosed.



OFF-RESERVATION THREE AFFILIATED TRIBES ENROLLED MEMBERS NATIONWIDE

\$50 EASTER GIFT CARD



Forms must be postmarked (mailed) or hand delivered by April 12th, 2024, at 5 p.m. (cst) **NO EXCEPTIONS!**
MAIL TO: Sage Coulee Outreach/Wellness Facility, 1321 Elbowoods Lane, Bismarck, ND 58503
Only One (1) \$50 Easter Gift Card per TAT Household Not responsible for Lost or Stolen Gift Cards

VERIFICATION FORM: ALL INFORMATION IS REQUIRED - PLEASE PRINT CLEARLY OR WILL BE UNABLE TO PROCESS

NAME _____ PHONE: _____ EMAIL _____
 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP: _____ SEGMENT: _____

DISTRIBUTION PREFERENCE: DIGITAL/EMAILED GIFT CARD (CHOICE OF VENDOR) PHYSICAL GIFT CARD
 (Please list all members of your household, including yourself) **INCOMPLETE FORMS WILL BE UNABLE TO PROCESS**

NAME	AGE	GENDER	RELATIONSHIP SELF	ENROLLMENT#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The parties agree that the signature appearing on this agreement are for the purposes of the validity, enforceability and admissibility. I understand all the information above is true and to the best of my knowledge. I understand providing false information can result in forfeiture of future MHA Nation benefits and constitute as fraud. By signing this form, you agree to share your name, email, and mailing address—which must correspond with your Tribal Enrollment address—with Corporate Traditions, our third-party vendor. This information is necessary for sending your gift card. Rest assured, no additional personal information will be disclosed.

SIGNATURE _____

DATE _____

Card # (Office Use Only) _____

