



## Founder's Club Signup

Thank you for supporting your local soon-to-be market! Please acknowledge that you've read the FAQ document before you send us anything.

I have read the FAQ information provided separately, and I understand how the Founder's Club works.

**Please select ONE option:**

Enclosed is my check to **Wallingford Village Market, LLC** for \$1,000.

I would like \_\_\_\_\_ additional coupon book(s). Enclosed is my check for \$\_\_\_\_\_.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_  
(we will never share your info with others)

Phone: \_\_\_\_\_ OK to text?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send this completed and signed form  
and check payable to "Wallingford Village Market, LLC"  
to:

Monica DeLorme  
**Wallingford Village Market, LLC**  
123 South Main Street  
Wallingford, VT 05773

## See you at the market!