

SHOPPER REQUEST

Dear Store Manager,

I would like to purchase the following Hiland Dairy products in your store. It is important to me to support locally owned companies and buy locally produced products. **Thank you!**

Customer Name: _____ Phone: _____

Email: _____ Zip Code: _____

Hiland Dairy Products I'd Like to Purchase in Your Store:

- | | | |
|--|---|--|
| <input type="checkbox"/> Yogurt | <input type="checkbox"/> Lemonade | <input type="checkbox"/> Almond Milk |
| <input type="checkbox"/> Shredded Cheese | <input type="checkbox"/> Half & Half | <input type="checkbox"/> Soy Milk |
| <input type="checkbox"/> Block Cheese | <input type="checkbox"/> Juices/Drinks | <input type="checkbox"/> Smoothies |
| <input type="checkbox"/> Cottage Cheese | <input type="checkbox"/> Lactose Free Milk | <input type="checkbox"/> Coffee Creamer |
| <input type="checkbox"/> Sour Cream | <input type="checkbox"/> Iced Coffees | <input type="checkbox"/> Crema |
| <input type="checkbox"/> Dips | <input type="checkbox"/> Ice Cream | <input type="checkbox"/> Milk Snack |
| <input type="checkbox"/> Milks | <input type="checkbox"/> Frozen Yogurt | <input type="checkbox"/> Whipped Cream |
| <input type="checkbox"/> Butter | <input type="checkbox"/> Whipping Cream | <input type="checkbox"/> Cream Cheese |
| <input type="checkbox"/> Greek Yogurt | <input type="checkbox"/> Holiday Milks | <input type="checkbox"/> Organic Milk |
| <input type="checkbox"/> Red Diamond Tea | <input type="checkbox"/> Specialty/Egg Nogs | <input type="checkbox"/> Dairy-Free Alternatives |

Other: _____

Specific Flavor or Variety: _____

HilandDairy.com



Locally Made.
Naturally Delicious.™