



Café
your way

More Indulgence, Less Effort.
BIG Savings!

**\$5 PER CASE
REBATE**



Trust Conagra to help you easily transform your everyday beverages into tantalizing treats and seasonal sensations!
Purchase select Reddi-wip® and Swiss Miss® products and receive \$5 off per case – up to \$1,500!

Rebate applies to qualifying purchases made between August 1, 2021 – January 31, 2022.

THIS OFFER IS VALID ONLY ON THE FOLLOWING REDDI-WIP® AND SWISS MISS® PRODUCTS:

Reddi-wip® Barista Series

7027249141 Nitro Creamer	6/13 oz. canister
7027249142 Sweet Foam	6/13 oz. canister

Reddi-wip® Whipped Topping

7027223202 Real Cream	12/6.5 oz. canister
7027223204 Real Cream	12/13 oz. canister
7027223203 Extra Creamy	12/6.5 oz. canister
7027223208 Extra Creamy	12/13 oz. canister
7027249138 Light Cream	12/15 oz. canister
7027223205 Fat Free	12/6.5 oz. canister
7027249123 Non-Dairy	12/15 oz. canister
7027249140 Non-Dairy Almond	6/6 oz. canister
7027249139 Non-Dairy Coconut	6/6 oz. canister

Swiss Miss® Hot Cocoa Mix Envelopes

7092047491 Milk Chocolate	6/50/0.73 oz. env.
7092047492 Milk Chocolate with Marshmallow	6/50/0.73 oz. env.
1570005584 Milk Chocolate with No Sugar Added	6/24/0.55 oz. env.

Swiss Miss® Vending

1570006211 Vending Dispenser Powder	12/2 lb. pouch
1570007292 Vending Dispenser Powder	12/1.75 lb. pouch

Swiss Miss® Liquid

2700021910 Liquid Hot Chocolate	12/26.5 oz. can
2700021930 Liquid Hot Chocolate Bulk	6/96 oz. can

INSTRUCTIONS & TERMS

To receive your rebate (MINIMUM REBATE \$25.00/5 CASES; MAXIMUM REBATE \$1,500.00/300 CASES):

- Purchase up to 300 cases of Reddi-wip® and Swiss Miss® products from the approved list above between August 1, 2021 and January 31, 2022. Rebate submissions must be postmarked by February 28, 2022.
- Fill out the form at right and send the form along with your distributor invoice(s) or clear copies as proof of purchase (circle product and price paid – do not highlight) to the following address. Operator name and address must appear on the distributor invoice. Illegible copies of proof of performance will be rejected.

Reddi-wip/Swiss Miss Seasonal Rebate

PO Box 2025 - FS-2497, Brownsdale, MN 55918

Or for express 2-4 week processing, simply upload your distributor proof of purchase to:

fspromos4u.com/conagra

Access Code: 5OFFSMRW

Only one redemption per establishment. Chains must participate on an individual outlet basis. This offer cannot be combined with other rebates, allowances, contracted or bid business or used to redeem against other rebate offers. Offer invalid for resale, cash/carry, club stores, vending, and OCS. Cases redeemed against this offer may not be used to redeem against any other rebate offers. Partial cases not accepted. Rebates cannot be assigned or transferred. Offer valid for foodservice operators only; suppliers or distributors cannot redeem rebates for operators. We reserve the right to audit requests for payment and reserve the right to cancel this offer at any time. This rebate may be mechanically reproduced or photocopied but not altered from its original format. All rebates must be postmarked by February 28, 2022.

VOID IF RESTRICTED OR PROHIBITED BY LAW.

Reference number: FS-2497

800-357-6543
www.conagrafoodservice.com
conagrasweetshoppe.com

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FSP-0421-RWSMRB



I have purchased the following cases of eligible Reddi-wip® and Swiss Miss® products and have attached my distributor invoice(s) as proof of purchase. Please send me my rebate!

of cases purchased: _____ x \$5.00 = \$ _____ TOTAL REBATE
(min 5/max 300) (min \$25/max \$1,500)

NAME _____

TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____

PRIMARY DISTRIBUTOR _____ DISTRIBUTOR CITY _____

BROKERAGE _____

YES! INCLUDE ME ON EMAIL OFFERS FROM CONAGRA FOODSERVICE.

1. My foodservice operation can best be described as:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Long-Term Care | <input type="checkbox"/> K-12 School | <input type="checkbox"/> Business Dining |
| <input type="checkbox"/> Casual Dining | <input type="checkbox"/> Family Dining | <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Recreation/Entertainment |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Catering | <input type="checkbox"/> College/University | <input type="checkbox"/> Sandwich/Bakery Café |
| <input type="checkbox"/> QSR | <input type="checkbox"/> Other (specify): _____ | | |

2. Dayparts served (check all that apply): Breakfast Lunch Dinner Snacks/Takeout

3. Number of units (if applicable): _____

4. Annual sales at this location:

- \$0 - \$499,999 \$500,000 - \$749,999 \$750,000 - \$999,999 Over \$1,000,000

5. I currently have the following beverage items on my menu:

- | | | |
|--|---|--|
| <input type="checkbox"/> Hot coffee | <input type="checkbox"/> Iced or cold brew coffee | <input type="checkbox"/> Hot chocolate |
| <input type="checkbox"/> Espresso drinks (incl. lattes, cappuccinos, etc.) | <input type="checkbox"/> Milkshakes | <input type="checkbox"/> Specialty cocktails |

6. I plan to purchase the following beverage menu-related items in the next 30 days:

- | | | |
|--|---|---|
| <input type="checkbox"/> Powdered hot chocolate mix | <input type="checkbox"/> Liquid hot chocolate mix | <input type="checkbox"/> Whipped cream and/or topping |
| <input type="checkbox"/> Dessert toppings (chocolate or caramel syrup, etc.) | | |

7. I have purchased other hot chocolate brands in the past 30 days:

- Yes No If yes, please specify brand(s) _____

8. I have purchased other whipped cream and/or topping brands in the past 30 days:

- Yes No If yes, please specify brand(s) _____