

Pomona's Universal Pectin Customer Submission Form

Date you visited your store: _____

Store Name: _____

Store Address: _____

(include street and number, city, state, zip)

Store Phone Number: _____

Name of Person Spoken With: _____

Title of Person Spoken With: _____

Their Response: _____

Yes, I checked with the store and spoke with someone who works there and they do NOT carry Pomona's Pectin at this time. I asked them to carry it.

Your Name: _____

Your Mailing Address: _____

(Street and Number or PO Box)

(City)

(State)

(Zip Code)

Your Phone Number: _____ Your Email: _____

Please tell us what you like to make with Pomona's Pectin, why you like Pomona's Pectin, and any other information you'd like to share about your experience in going to your store: _____

Mail this form to: Workstead Industries, PO Box 1083, Greenfield, MA 01302; or Fax it to: 206-350-8869; or Scan and Email it to: info@pomonapectin.com.