

GARDENSHARE BONUS BUCKS APPLICATION - 2025

Fill out completely and return to GardenShare,
PO Box 516, Canton, NY 13617 or email info@gardenshare.org

I qualify for Bonus Bucks because the total income of my household is at/below the levels listed in the chart: (limit one per household per year)	No. People in Household	Annual Income (250% of poverty threshold)
Number of people in household (required): _____	1	\$39,125
Household Income (required): _____	2	\$52,875
Their Ages (required): _____	3	\$66,625
Does anyone in your household receive SNAP? <input type="checkbox"/> Yes <input type="checkbox"/> No	4	\$80,375
	5	\$94,125

Please answer so that GardenShare can gather data from participants: (each additional person \$13,750)

Are you dealing with a Chronic Illnesses: Yes No

Demographic Information (Gender, Ethnicity, etc.): _____

(This information will only be shared collectively by the program and not identify individuals)

Would you be willing to share with GardenShare how Bonus Bucks has had a positive impact on your household? Yes No

Signed: _____

CHOOSE AN OPTION

CSA Share (Community Supported Agriculture)

Farmers Market Purchase Card (FMPC)

Name of CSA Farm (from list above):

[SNAP households are not eligible for the FMPC since there are other incentives at farmers markets]

Total Cost of CSA Share: \$ _____

Number of Cards requested: _____

Minus Bonus Bucks (Half your share) \$ _____

Total cost of cards (up to \$100/each): \$ _____

Amount you pay the CSA Farm \$ _____

Minus Bonus Bucks (half the total): \$ _____

(Check made payable to CSA Farm)

Amount you pay to GardenShare: \$ _____

(Check made payable to GardenShare)

Print your name: _____

Mailing Address: _____

Telephone: _____ Email: _____

GardenShare Office Only

Date Application Received _____

Date Approved _____

Date Cards Mailed _____

Notes: