Name:

Address:

City: State: Select a state:

Country: Zip/Postal Code:

Number: Email:

Would you like to receive our newsletter? ☐ Yes, to the email listed above. ☐ No,thank you.

How did you hear about our company?

Have you seen Treat You products in restaurants? ☐ Yes ☐ No

Do you buy our products? ☐ Yes ☐ No

Do you have a dairy allergy? ☐ Yes ☐ No

What dairy-free product(s) do you buy more than other?

☐ Milk ☐ Cream ☐ Butter ☐ Cheese ☐ Dressing ☐ Sour Cream

☐ Cream Cheese ☐ Whip Cream ☐ Yogurt ☐ Ice Cream ☐ Other

Are there any flavors you would like to see?

Is there any food/drink that you want dairy-free?

Would you recommend Treat You products to friends, family, or colleagues? ☐ Yes ☐ No

What keeps you coming back to Treat You?

Any additional comments?

Have you heard about the charity work that we do? ☐ Yes ☐ No

Do you want to make a donation? ☐ Yes ☐ No