



PRIMARY SCHOOL SUPPLIES
228 W Page Street
Sycamore IL 60178
800/952-1119

REFERRAL DISCOUNT CONTACT

Our school has referred the School Tool Box program to a new school and would like to be eligible for a 2% Referral Discount.

My Name _____

My School Name _____

School City, State, Zip _____

New School Information (school you are referring to us):

Contact/Sponsor Name _____

Phone w/area code (best number to reach them) _____

Email Address _____

Contact's Title _____
(PTA/PTO President, Fundraising Chair, etc.)

School Name _____

School Address _____

Primary School Supplies will mail information about the School Tool Box™ program to the above contact person.

- Both your school and the school(s) you referred must participate in the School Tool Box™ program within the same year to qualify.
- Referral Discount is refunded to the school and is based on the total amount sold by the school you referred.
- Referral Discount applies only to sales of their first year of participation.
- Referral Discount is awarded after sales are complete in the fall.
- Both participating schools must have their account balance paid in full on September 30th to qualify.

**PLEASE FAX THIS COMPLETED FORM TO
PRIMARY SCHOOL SUPPLIES AT 815/895-5717.**