



**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.

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My Name

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My School Name

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School City, State, Zip

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

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Contact/Sponsor Name

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

Email Address

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

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School Name \_\_\_\_\_

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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 30<sup>th</sup> to qualify.

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