



# Label Redemption Form

Today's Date \_\_\_\_\_

## School Information

School's Project A+™ Tracking Number \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

## Project A+™ Coordinator Contact Information

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_

**Number of Project A+™ Labels Being Redeemed** \_\_\_\_\_

(Minimum of 100 Labels)

Please allow four weeks for receipt of check. Thanks for participating in our program!