



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)

Make Checks Payable To: _____
(e.g. Washington Elementary – PTA)

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