

DATE: _____ Total Pages Included _____(please include this cover sheet)



Request for School Supply Quote

Fax this request with a SUPPLY LIST FOR EACH GRADE TO:
(630) 365-4415

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Tel: () _____ School Email: _____

Fax Number at School: () _____ Total Students Enrolled: _____

Contact: _____ Contact Tel: () _____

Contact Email: _____ Mobile Tel: () _____

Have you ever participated in a school supply program? (yes)* (no)

*If YES, name of the company you previously worked with? _____

PLEASE INCLUDE A SUPPLY LIST FOR ALL GRADE LEVELS CIRCLED

PK K 1 2 3 4 5 6 7 8

Additional comments or items to exclude in quote: _____

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To help us serve you better please answer the following question.

How did you hear about "THE WRITE STUFF"? _____
