



SCHOOL PARTICIPATION FORM

To participate, complete the form and fax to (888) 507-9494.
Save For AmericaSM, Celebrating 27 years in Financial Literacy!

SAVE FOR AMERICA will provide the School Savings Program to the school or club listed below. This does not obligate the school or club to participate.

* School Name	<input type="text"/>
* Principal Name	<input type="text"/>
* Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Phone	<input type="text"/>
Email	<input type="text"/>
* School Enrollment	<input type="text"/>
* Free/Reduced Lunch Percentage	<input type="text"/>
£PTA Tax ID Number	<input type="text"/>
^ Introduction Date	<input type="text"/>
First Bank Day	<input type="text"/>
Sponsoring Institution (if any)	<input type="text"/>
Institution Contact Name	<input type="text"/>
Notes	<input type="text"/>

* Denotes Required Field

^“Introduction Date” – Anticipated Intro/Enrollment Kit distribution date

£ PTAs/PTOs may be eligible for contributions if TIN listed here