



625 N Bridgeport Terrace
Lindenhurst, IL 60046
Business: 847.265.0610
Fax: 847.245.1477
www.brainstormeducation.com

Bucks from Brainstorm Application

Name of School/ Organization _____

Address _____

Phone Number _____ Fax Number _____

Contact Person _____ Title _____

Phone Number _____ E-mail _____

Check should be made payable to: _____
(School, PTO, etc)

Shopping Season Requested:

- A shopping period is considered one week (Saturday through Friday).
- Shopping dates will be assigned based on availability
- Each school/organization can participate in the “Bucks from Brainstorm” program twice a school year.

1. Please put an X in the request box for the season you prefer.
2. A specific month can be requested by writing the month in the request box.
3. If you want two dates during the school year, put two X's or month names in the request column. If you prefer, you may request a second date at a later time.

Shopping Season	Months	Request
Fall	September, October, November	
Winter	January, February, March	
Spring	April, May	

If you have any questions, please contact Margie Wilson at margie@brainstorm-education.com or 847.265.0610.

Please attach a copy of the school/organization's current tax exempt identification letter.