

PUBLIX PARTNERS PARTICIPATION FORM

Publix Super Markets, Inc. (“Publix”) would like to invite your school to sign up for Publix Partners. When your school becomes part of Publix Partners, customers can choose to support your school and eligible purchases made at designated Publix stores will help your school earn money. For every \$37,500.00 in eligible purchases, your school will earn \$250.00. Checks will be distributed after each of Publix’s fiscal quarters if your school has accumulated a minimum of \$250.00 in earnings; anything less than \$250.00 will roll over to the next quarter. For full details and more information about Publix Partners, please visit publix.com/partners.

Please note that participation in Publix Partners is subject to the included Publix Partners Participation Terms (“Terms”), which can also be found at publix.com/partners. The Terms are subject to change, and schools are encouraged to visit publix.com/partners periodically to view the most current Terms.

In order to participate in Publix Partners, please complete, sign and return this form to:

Publix Super Markets, Inc.
C/O Publix Partners
PO Box 407
Lakeland, FL 33802-0402

Once your completed form has been processed, your school will be available for customers to support as part of Publix Partners.

For questions related to the completion of this form, please contact Publix Customer Care during normal business hours at 1-800-242-1227 or visit corporate.publix.com/contact

Legal Name of School: _____

Physical School Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

School Phone Number: (____) _____ Grade Levels (grades offered by the school): ____ to ____

Principal’s Name: _____

Principal’s Signature: _____

School Email Address: _____

Publix Partners Administrator Name: _____

Publix Partners Administrator Phone Number: (____) _____

Address of Local Publix: _____

City: _____ State: _____ Zip Code: _____

FOR PUBLIX INTERNAL USE ONLY

Assigned Publix Store Number: _____