

ADOPT-A-SCHOOL PROGRAM ENROLLMENT FORM

We would like to Make A Difference in Madison's schools by participating in the FMPS Adopt-A-School initiative.

Name \_\_\_\_\_

Business or Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Contact Person (if different from above) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

We wish to adopt \_\_\_\_\_ School.

OR

Please contact the Foundation about choosing a school to adopt.

COMMENTS: