## **GIFT CARD ORDER FORM**

Complete this form, attach your check and hand to curbside sale staff.

Ordered by: \_\_\_\_\_\_. Check Amount: \_\_\_\_\_\_

Student Name:\_\_\_\_\_\_. Student Grade:\_\_\_\_\_\_

STORE GIFTCARD & FACE VALUE	FACE VALUE	QUANTITY	AMOUNT DUE
Shoprite	\$50		
Shoprite	\$100		
Stop n Shop	\$25		
Stop n Shop	\$50		
Stop n Shop	\$100		
Wegman's	\$25		
Wegman's	\$50		
King's	\$100		
King's	\$25		
King's	\$100		
Acme/Safeway	\$25		
Acme/Safeway	\$50		
Acme/Safeway	\$100		
Starbucks	\$10		
Bath N Body Works	\$10		
TOTAL			