

ACADEMY of ST. THERESE GROCERY CARD ORDER FORM

PLEASE fill out a SEPARATE SHEET FOR EACH STORE you are ordering from.

Complete ALL information so your order can be filled and credited properly. **THANK YOU!**

Name: _____ Date: _____

Address: _____ Cash: _____

Phone Number: _____ Check# _____

Please circle one: **School Family** or **Parishioner**

School Family to be credited _____ Grade: _____

Is this a multiple store order? _____ No

_____ Yes (If yes, please complete the following (2) lines.)

(1) Other store(s) ordered: _____

(2) Total amount of entire order for all stores: _____

Which store is this sheet for? (Please circle only one store per sheet)

Shop Rite **ACME** **Kings** **Stop & Shop**

Total amount for this store: \$ _____

| Denomination (Quantity) | Shop Rite | | Kings | Stop & Shop | Total \$ Ordered | Serial #s Issued |
|----------------------------|--------------|--|-------|-------------------|---------------------|---|
| \$10.00 | | | | | | |
| \$25.00 | | | | | | |
| \$50.00 | | | | | | |
| \$100.00 | | | | | | |
| Total of This Order Form: | | | | | | <u>Remember—a separate sheet is needed for each store. Thank you!</u> |

**** Note:** Shaded blocks indicate that the denomination for that store is unavailable

If requested amounts are not available, are substitutions allowable? Yes _____ No _____

WE REGRET THAT WE CANNOT FILL PARTIAL ORDERS.

For additional questions or special requests, please e-mail grocerycards@academyofsttherese.com
THANK YOU FOR YOUR SUPPORT! THE CHILDREN OF AST APPRECIATE IT!

FOR SALES TEAM ONLY: Filled by: _____ Date & Time: _____