

OUR LADY OF GRACE GIFT CARD ORDER FORM

BUYER NAME: _____ / _____ DATE: _____
First Last

OLG SCHOOL ORDERS:

Pick-up in school office _____ Send w/ Child _____
Child's Name

Phone # _____ Homeroom# _____

Rebate %	Vendor	Value	Quantity	Total \$
5%	Giant Eagle	\$25	_____	\$ _____
5%	Giant Eagle	\$50	_____	\$ _____
5%	Giant Eagle	\$100	_____	\$ _____
5%	Shop 'n Save	\$25	_____	\$ _____
5%	Shop 'n Save	\$50	_____	\$ _____
5%	Shop 'n Save	\$100	_____	\$ _____

TOTAL \$ _____

Office Use Only:

PAYMENT: Cash _____ Check# _____

NAME ON CHECK: _____

ORDER FILLED BY: _____

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