

STOP & SHOP GIFT CARD ORDER FORM

Child's Name and Grade: _____

Date Ordered: _____

Home Address: _____

Home Phone Number: _____

Gift cards will be returned in your child's backpack. Please sign here that you acknowledge: _____

Stop and Shop Certificates

<u>Gift card Denomination</u>	<u>Quantity</u>	<u>Dollar Amount</u>
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<u>\$25</u>	_____	_____
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<u>\$50</u>	_____	_____
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<u>\$100</u>	_____	_____
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Total\$ _____

Please place order form in envelope marked Stop&Shop Gift Card. Please attach a check made payable to Assumption School Parents' Guild. If you have any questions please call Tom Sarracino (201)906-4928 or email at TAS38@WRFD.ORG

Thank you for your support!

Tom Sarracino

Stop & Shop Gift Certificate Chairperson