

Family Name: _____

Name of Student: _____

Class: _____

Date: _____

GIFT CARD YOU ARE REQUESTING - Checks only - no cash

	<u>Quantity</u>	<u>Amount</u>
____ KOHLS	_____	_____
____ MET FOOD	_____	_____
____ SHOPRITE	_____	_____
____ STOP & SHOP	_____	_____

1. Checks only no cash.
2. Cards will be sent home Tuesdays and Thursdays.
3. Please note that we are not responsible for any lost or stolen cards.

Office use only

Rec. _____ Ck# _____ Amt. _____ Sent back _____ Int. _____