



Saint Margaret Weekly Gift Card Order Form 2011-2012

Please return the completed form along with a check made payable to **Saint Margaret HSA** to either school office. Orders received by 3pm Monday will be filled the same week.

First Name: _____ Last Name: _____

Phone #: _____ Email: _____

Retailer	Quantity of \$25	Quantity of \$100	Total # Cards	Total \$
Shoprite				
Giant				
Safeway				
Target				
Walmart				
Wawa				
Total Purchased				

- I will pick up my order from the Elementary School office
- I will pick up my order from the Middle School office
- Please send my order home with the following student

Name: _____

Homeroom: _____

Questions? Contact the Gift Card Program coordinators at smsgiftcards@gmail.com

FOR OFFICIAL USE ONLY

Check # _____	Fill Date _____
Order Date _____	Filled By _____