

**ST. ROSE OF LIMA SCHOOL
GROCERY STORE GIFT CARD ORDER FORM**

Name: _____ Phone: _____ Date: _____

Apply to (child's name): _____ Grade/Teacher: _____

GROCERY STORE	CARD AMOUNT	QUANTITY	TOTAL
Weis	\$10		
	\$20		
	\$25		
	\$50		
	\$100		
Giant	\$10		
	\$20		
	\$25		
	\$50		
	\$100		
Shur-Fine	\$25		
	\$50		
	\$100		

TOTAL AMOUNT ENCLOSED: \$ _____ Check # _____ Cash: _____

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