

St. John the Apostle School Food Certificate Program ("FCP")

ORDER FORM

Order forms must be sent in on Mondays and Tuesdays in an envelope with payment. The cards will be returned to you on Wednesday or Thursday.

Date: _____

Child's Name _____ Grade/Homeroom: _____
Teacher _____

Your Name: _____

Your Telephone No. (____) - _____ - _____

PLEASE INDICATE FROM WHICH STORE YOU ARE ORDERING AND THE AMOUNT YOU WISH TO ORDER:

	<u>Amount From Each Store</u>	<u>Gift Card Denominations</u>		
<u>SHOP RITE</u>	\$ _____	\$25's _____	\$50's _____	\$100's _____
<u>ACME</u>	\$ _____	\$25's _____	\$50's _____	

TOTAL AMOUNT DUE \$ _____

PLEASE INDICATE THE FOLLOWING:

Send Home Order with Oldest Child / Homeroom _____

(Payment Enclosed)

Check # _____ Name on Check _____

Family Name _____