

Assumption School Fundraiser Grocery Card Order Form

Name: _____

Phone #: _____

Email: _____

	Quantity		TOTAL
Mitchell Brothers		x \$50.00	\$
Pacific Point		x \$50.00	\$
Quality Foods		x \$50.00	\$
Safeway		x \$50.00	\$
Safe On Foods		x \$50.00	\$
TOTAL AMOUNT			\$

Check appropriate boxes below:

PAYMENT (check one box): cheque attached or cash included
 (preferred option) (exact change required)
 (payable to Assumption School)

Option a) **PICK UP DATE AND TIME** (must be during regular school hours):

Option b) **SEND GIFT CARDS HOME** with my child, _____

(Child's name), in grade _____, on the following school day.

I, _____ (Parent/Guardian's name), understand that if I choose option b, the school is not responsible for lost, stolen or damaged cards.

Signed: _____

Date: _____