GIFT CARD SALES

Purchaser:*	Date:	Date:		
Email:	Phone:			

^{*} Purchaser Information is requested in case there is something wrong with card(s) and we need to notify you.

<u>Vendor</u>	Card <u>Amount</u>	<u>Rebate</u>		Quantity	<u>Total</u>
Applebee's	\$25	10%	X		=
CVS	\$25	6%	x		=
Giant	\$25	5%	Х		=
Giant	\$50	5%	Χ		=
Giant	\$100	5%	X		=
Home Depot	\$25	4%	x		=
Kohls	\$25	4%	x		=
Kohls	\$100	4%	X		=
Lowe's	\$25	4%	x		=
Michael's	\$25	4%	x		=
Outback	\$25	10%	x		=
Rutherford Car Wash	\$10		X		=
Target	\$25	3%	x		=
Walmart	\$25	2.5%	Х		=
Walmart	\$100	2.5%	X		=
Weis	\$50	5%	x		=
Weis	\$100	5%	X		=

PLEASE CHECK ONE:

nbarbush@gmail.com.

Pick Up Selection:			
Will Pick Up	o during Friday business hours		
Gift Card Coordi	inator:		
Check #:	Cash:	Total Due:	
Select one:	_Sunday Purchase,Schoo	ol Purchase,Online or	Cother
Process for Sc	hool Orders:		
1. Complete Order	r Form.		
2. Make check pay	yable to SCLPGCP .		
3. Put order form by Monday	and check into envelope, address a , noon.	as "Gift Card Order", and retu	rn to school
4. Orders will be p	processed by Thursdays.		
5. Orders will be a	vailable for pick up at the school d	luring business hours.	

6. If other arrangements need to be made, please let Natalie Barbush know at