

SHOPRITE GIFT CARD ORDER FORM

PLEASE INDICATE THE DENOMINATIONS YOU WOULD LIKE AND QUANTITY OF EACH. WE WILL TRY TO FILL AS INDICATED.

#__ \$5 #__ \$10 #__ \$20 #__ \$25 #__ \$50 #__ \$100

TOTAL AMOUNT ORDERED: \$ _____

PLEASE MAKE CHECKS PAYABLE TO OLV SCHOOL

NAME _____ GRADE _____

ORDERS FILLED ON TUESDAYS AND THURSDAYS

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