

# Gift Card Order Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<u>Store</u>	<u>Amount</u>	<u>Total</u>
Shop-rite	_____ x\$100	\$ _____
	_____ x\$50	\$ _____
	_____ x\$25	\$ _____
	_____ x\$20	\$ _____
	_____ x\$10	\$ _____
Weis	_____ x\$100	\$ _____
	_____ x\$50	\$ _____
	_____ x\$25	\$ _____
	_____ x\$20	\$ _____
	_____ x\$10	\$ _____
Kohl's	_____ x\$100	\$ _____
	_____ x\$50	\$ _____
	_____ x\$25	\$ _____
	_____ x\$10	\$ _____
Total Enclosed		\$ _____

***Please make checks payable to "GMRSD PTO"***

Return your order and payment in a sealed envelope, to school, addressed to **Liberty PTO – Cheryl Wilson/Gift Cards**. Your order will be processed and returned to you as soon as it is filled. All returned checks will be subjected to a \$15 processing fee.

**Please check one of the following delivery options:**

\_\_\_\_ **Send Cards home with my child:**

Child's name: \_\_\_\_\_ Teacher/Grade \_\_\_\_\_.  
I, \_\_\_\_\_, request to have my Gift Card order transported home by the above mentioned child. I understand that once the cards are given to my child, I assume full responsibility for them in the event they are lost or stolen.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Liability form must be signed to send cards home with your child.)

\_\_\_\_ **I'll pick them up; call me when they are ready. Phone#** \_\_\_\_\_

\_\_\_\_ **I'm a teacher please put in my mailbox or send through interoffice mail.**

If you have any questions or want to order by phone please call Cheryl Wilson at 908-813-9619.