

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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