



Order Form

Name: _____ Date: _____

Family Name for Tuition: _____

Daytime Phone Number: _____ Cash Check # _____

(Check one)

Please send my order home with _____, Homeroom _____.

I will pick up my order at the school office.

- Include payment for full face value. Make checks payable to "St. Elizabeth Church".
- Your tuition credit is 50% of the profit amount shown below.
- If your check is returned due to non-sufficient funds, a \$20 fee will be due.

Retail Stores	Denomination	Profit	Quantity	Amount
Giant Eagle	\$10	4%		
	\$25	4%		
	\$50	4%		
	\$100	4%		
Shop 'n Save	\$25	4%		
Wal-Mart/Sam's Club	\$25	2%		
	\$100	2%		
McGinnis Sisters	\$20	5%		
J.C. Penney	\$10	5%		
	\$25	5%		
	\$50	5%		
Kohl's	\$10	5%		
	\$25	5%		
	\$50	5%		
	\$100	5%		
Macy's	\$25	10%		
Eat 'n Park	\$10	10%		
Olive Garden/ Red Lobster	\$10	10%		
	\$25	10%		
Bruegger's Bagels	\$10	10%		
Panera Bread	\$10	9%		
TOTAL			#	\$

Thank you for being a Smart Shopper!

Filled by: _____ Date: _____

(revised 9/08)



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