

Stop and Shop Gift Card Order Form

Name _____ Date _____

Phone # _____

Gift Cards are available in \$25 denominations

_____ (# cards) X \$25 = \$ _____

Payment must accompany order request. Please make checks payable to ASCS

Please register your Stop & Shop card to help ASCS even more!



5% of this order is Fundraising Credit for:

Student _____ Grade _____

=====

Office use only: Credited _____ on _____ by _____

Cards picked up on _____ by _____



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