



**GROCERY GIFT CARD ORDER FORM
WESTFIELD CAMPUS**

Orders in by 2:30pm Tuesday will be filled on Thursday afternoon

Family Name: _____ Date: _____ Phone contact: _____

Child's Name: _____ Grade: _____ Teacher: _____

Signature: _____

Sign to have certificates sent home with your child. Otherwise, the certificates will be left in the office for pick-up.

Store:	Total amount	Specify denominations, if desired:
Acme	\$ _____	___ \$25 ___ \$50 ___ \$100
Kings	\$ _____	___ \$25 ___ \$50 ___ \$100
Shop Rite	\$ _____	___ \$25 ___ \$50 ___ \$100
Stop & Shop	\$ _____	___ \$25 ___ \$50 ___ \$100
Wegman's	\$ _____	___ \$25 ___ \$50 ___ \$100
TOTAL:	\$ _____	Check No: _____ Name on Check _____

All orders must be prepaid by check made payable to **HTS Food Certificates**



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