



GROCERY GIFT CARD ORDER FORM  
MOUNTAINSIDE CAMPUS

Orders in by 2:30pm Tuesday will be filled on Wednesday morning

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone contact: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Signature: \_\_\_\_\_

*Sign to have cards 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
<b>TOTAL:</b>	<b>\$ _____</b>	<b>Check No: _____ Name on Check _____</b>

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



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