

# GROCERY STORE GIFT CARDS

Student Name: \_\_\_\_\_

Class Code: \_\_\_\_\_

Parent Name: \_\_\_\_\_

	Circle Denominations:		Amount
Shaw's	\$100	\$50	\$
Hannaford	\$100	\$50	\$

Date: \_\_\_\_\_ Ck # \_\_\_\_\_

Total Check Amount: \$

**Please make separate check payable to: PMA**

**\*\*Orders due on Thursday**

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