DR. EP SCARLETT MUSIC PARENT'S ASSOCIATION

GROCERY CARD FUNDRAISER 2019-2020 ORDER FORM

- **Date cheques for the first of each month (October 2019 – June 2020)**
- **Make cheques payable to the EPSMPA**

NAME OF PERSON ORDERING: _____ EMAIL: _____

***Please Note**: Grocery cards will be given only to the person that is named on this order, or to the student designated below*

HOME PHONE: _____ CELL PHONE: _____

PLEASE CREDIT EARNINGS TO THE STUDENT ACCOUNT OF: _____

I GIVE PERMISSION FOR THE ABOVE NAMED STUDENT TO PICK UP MY CARDS: YES_____ NO_____

***Denominations of $25, $50 & $100 can be ordered for all stores**

	Safeway/Sobeys			CO-OP			CO-OP Wine & Spirits			Superstore			TOTAL	
	# of Safeway /Sobeys Cards	Card $ Value	Total Safeway/ Sobeys Card $ Value	# of CO-OP Cards	Card $ Value	Total Coop Card $ Value	# of Wine & Spirits Cards	Card $ Value	Total Co-op W/S Card $ Value	# of Save On Foods Cards	Card $ Value	Total Save On Card $ Value	Total Order $ Value	Cheque Number
e.g.	2	100.00*	200.00	3	25.00*	75.00	7	50.00*	350.00	5	100.00	500.00	1,125.00	001
Oct														
Nov														
Dec														
Jan														
Feb														
Mar														
Apr														
May														
June														