



## Grocery Card Order Form - APRIL 2013-2014

**NOW  
ADMINISTERED  
FROM THE MAIN  
OFFICE**

<b>SURNAME:</b>	<b>CHILD'S NAME:</b>	<b>HOMEROOM:</b>
<b>DAYTIME PHONE NO.:</b>	<b>EMAIL:</b>	

**Email notification will be sent when the orders are ready for pick up.**



Please select one of the following order options:

<input type="checkbox"/>	This is a recurring grocery order beginning the month of _____ and ending the month of _____. <b>Monthly credit card payments or postdated cheques are required for recurring orders (monthly – dated or processed the 15<sup>th</sup> of each month).</b>
<input type="checkbox"/>	This is a one-time order.

TOTALS	SUPERSTORE (3.5%)				SAFEWAY (5-8%)				SOBEYS (5-10%)			
	#	Credit Card Price	Cash/ Cheque Price	Total	#	Credit Card Price	Cash/ Cheque Price	Total	#	Credit Card Price	Cash/ Cheque Price	Total
		\$52	\$50			\$52	\$50			\$52	\$50	
		\$104	\$100			\$104	\$100			\$104	\$100	
		\$260	\$250			N/A				N/A		

**Please return this fully completed order form, complete with payment to your youngest child's homeroom teacher if they are in grades K through 8 by Wednesday, April 9, 2014.**

**If your youngest child is in grades 9 to 12, please return the order form to the main school office no later than Wednesday, April 9, 2014.**

**Payment Options: Cash, Cheque, Visa or MasterCard**  
**Please make your cheque payable to Linden Christian School.**

**Visa / MasterCard (circle one) Name as it appears on the card: \_\_\_\_\_**

**Card number: \_\_\_\_\_ Exp.Date: \_\_\_\_\_**

### **Authorization for Release:**

I authorize Linden Christian School to release my gift cards to the person named above. Linden Christian School shall not be held responsible for gift cards lost by or stolen from the person authorized to pick them up.

**Customer's Signature for Authorization: \_\_\_\_\_**

### **FOR OFFICE USE ONLY**

MARCH	APRIL	MAY	JUNE
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**Thank you for your support!**