St.Joseph HSA: Grocery Magic Gift Card Order Form

Family Name **Grade of Youngest Child**

_____ _____

Grocery Stores	$ Value $	Quantity	Total Order
Shop Rite	$100		
Kings	$100		
A&P	$100		
Acme	$100		
Total:			

Please make checks payable to: **St.Joseph School**

Credit card charges are available for orders of **$300 or more**

_____American Express _____MasterCard _____VISA

Card Number_____

Expiration Date_____

Signature_____

Delivery Options/ Liability Waiver:

_____ I request to have the gift cards transported home by my youngest child via the ***Thursday Grocery Magic Envelope.*** I understand that once the gift cards are given to my child, I assume full responsibility for them in the event they are lost or stolen.

_____ _____

Signature Required **Name (please print)** **Date**

_____ I will pick up my gift cards at the school office on Thursday afternoon.

If you have any questions, please contact Peggy Timoney at (973) 543-1101.

Thank you for your continued support.