GREAT LAKES SCRIP CENTER
Order Form

Name: _____ Date: _____

*Signature: _____
*Do not sign until receipt of cards

Company Name	$ Amount	# of Cards	Total

I, _____ (name of purchaser) authorize _____ (name of recipient) to pick up my gift cards from the school office. Recipient will sign for cards and is fully responsible for delivery of gift cards to the purchaser.

Orders are due Monday morning of each week and may be picked up on Thursday in the Church office.
Remember, the money must be turned in with the order.
Thank-you for your help as we try to raise money for our school.