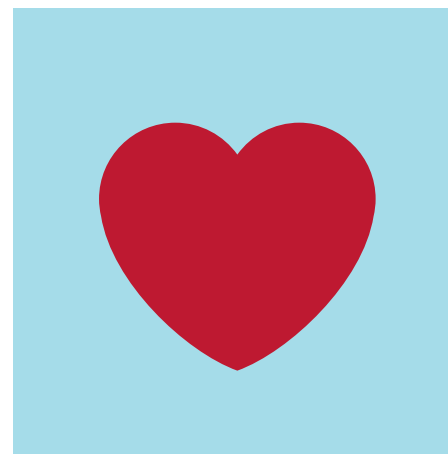
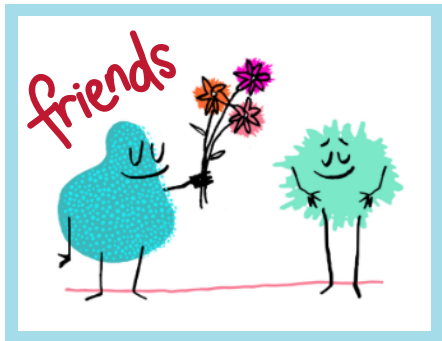


CRUSADERS CORNER GIFT CERTIFICATES



COMPLETE ORDER FORM BELOW AND RETURN TO MAIN OFFICE

First and Last Name: _____
(as it appears on SMART) please print clearly

Parent's email: _____

Child's first and last name: _____

Gift Certificate Value and Quantity: ___ \$5 ___ \$10 ___ \$15 ___ \$20

How would you like to pay? (Check one) SMART ___ CHECK* ___ CASH ___

Send home with my child _____ Keep on file in School Store _____ Pick up in main office _____

TOTAL: \$ _____

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