



270 W. Larpenteur Ave. St. Paul, MN 55113
Phone 651-255-0439
Fax 651-488-9508 (Please call to confirm)

Fundraising Gift Card Order Form

Today's Date _____ Date of Pick-up _____ Salesperson's Initials _____

Account Name _____ Account # _____

Contact Person _____ Phone # _____

Face Value	Quantity	Your Cost	Subtotal
\$10.00 Item # 1901300008		\$8.50	\$
\$25.00 Item # 1901300006		\$21.25	\$
\$50.00 Item # 1901300009		\$42.50	\$
Totals			\$

Payment Method:

_____ House Account _____ Pay @ Pick-up Invoice # _____

Customer's Signature _____ Date _____

We ask for 2 business days notice on all Gift Card orders-Thank You!
Gift cards must be returned within 14 days for refund.