

Sobeys/Safeway Gift Card Order Form

Order Form Must Be Returned To School By **November 3, 2017.**

This will be the only Sobeys fundraiser the school offers this year.

Student Name _____ Grade _____ Room # _____

Order	NAME	Number of \$10.00 Sobeys Gift Cards	Number of \$25.00 Sobeys Gift Cards	Number of \$50.00 Sobeys Gift Cards	Number of \$100.00 Sobeys Gift Cards	Total Amount Of Money Collected
1	Mrs. Sample Order	1	2	2	2	\$360.00
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
19						
20						
Total						

Money collected for Sobeys/Safeway Gift Cards must be returned with this order form. Please make cheques payable to **Dr. F.W.L. Hamilton School**. Please indicate below if you would like your child to bring home the gift cards or if you would like to pick them up in the office on November 30/December 1st. Families are responsible for delivering Sobeys Gift Cards to those who have ordered. Thank you again for your fundraising support!

_____ Please send the Sobeys Gift Cards home with my child.

_____ I will pick the Gift Cards up in the Office on **November 30th/December 1st.**

Name and phone #to be contacted at in case of any issues _____