

Grocery-Same as Cash Card Order Form



Name: _____ Phone: _____

E-mail address: _____ Date: _____

King Soopers Reloadable Card

\$100 each x _____ = \$ _____ **Total Amount**

Payment Options:

Please make checks payable to **Lois Lenski PTO** and note your check # _____.*

Or you may pay by credit card* _____ Visa _____ MasterCard

Name as it appears on credit card: _____

Credit card number: _____

Expiration date: _____

3 digit security code on back of card: _____

Signature of cardholder: _____

* Please submit your completed order form to the office in a sealed envelope labeled "GSACC". Orders will be processed and all credit card information will then be shredded. We do not keep any credit card information on file.

Delivery Options:

_____ I authorize my order to be sent home with my child as shown here:

Child's name: _____ Grade/teacher: _____

_____ I will pick up my order at the school office once you notify me that it is ready.

Special Requests:

Please e-mail your questions and any special requests to Sharon Zerwekh at ssez@comcast.net.