

St. Mary School Certificate Program **ORDER FORM**

New orders placed at 9:00am every Monday

Family Name _____

Date _____

| Certificate Name | Denomination | Quantity | Total |
|------------------|--------------|----------|-------|
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Total: _____

Delivery Instructions

- Call for pick up: Ph.# _____
- Hold for pick up after mass
- Send home with student: _____ Grade: _____

Method of Payment

- Credit Card (minimum \$200 purchase)
- Cash
- Check (Make check payable to ST. MARY CERTIFICATE PROGRAM)
Check # _____

Minimum \$200 purchase for credit cards

- Discover MasterCard Visa

The following information is required to process a credit card transaction!

Date of Sale _____ Amount \$ _____
 Cardholder Name _____
 Address _____
 City, State, Zip _____
 Phone Number _____

*****the portion below to be removed and shredded after approval*****

Card _____ Exp. _____
 Security Number (3 digits on back of card) _____