

Cochrane High School Band Parent Association (CHSBPA)
 Grocery Card Fundraiser January 1 – September 30
 Regular Season 2018 Order Form
chsbpa.grocerycards@gmail.com

Order Date _____

Student Name _____	Grade _____
Parent Name _____	
Phone # (w) _____ (c) _____ (h) _____	
E-Mail _____	

	Quantity	X	Denomination =		Total per store
<input type="checkbox"/> Co-op	_____	X	\$_____ =		\$_____
<input type="checkbox"/> PC (No Frills)	_____	X	\$_____ =		\$_____
<input type="checkbox"/> Safeway/Sobeys	_____	X	\$_____ =		\$_____
<input type="checkbox"/> Save-On	_____	X	\$_____ =		\$_____
Total amount of order:					\$_____

Payment type	<input type="checkbox"/> Cash – receipt Y/N	<input type="checkbox"/> Cheques payable to “CHSBPA” # _____
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Instructions for ordering:

- 1) Complete top and middle portions of this form (please print).
- 2) Email this form to: chsbpa.grocerycards@gmail.com .
- 3) Our grocery card coordinator will contact you regarding grocery card delivery.
- 4) Payment can be made by cheque (made payable to CHSBPA) or cash. Please provide payment at time of card delivery OR payment can be made (prior to card delivery) to Mr. Talen or Miss Hazelwanter at Cochrane High to put into the band safe. Please include a copy of your order form.

*Please note: Not all denominations will be available at all times. Please check upon ordering.
 Discount percentages will vary during the year depending on our order size.