



**Grocery Card Program**  
**ORDER FORM**

Thank you for joining one of our PTA's most successful fundraising programs! To establish a recurring order or make a one-time grocery card purchase, please complete the information below. One time purchases must be placed by the 15<sup>th</sup> of the month. If you have any questions about the program, please contact Program Coordinator at [grocerycards@phspta.org](mailto:grocerycards@phspta.org).

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
 Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Select one of the following ways to receive your cards?

- School Lobby on first Wednesday of the month (7:45-8:15am)
- Send home with my child (PTA is not responsible for lost cards)

**DONATE!**

Enter amount(s) you would like for each type of card:  
 \_\_\_\_\_ Lowe's Foods (\$50 and \$100 increments)  
 \_\_\_\_\_ Food Lion (any amount)  
 \_\_\_\_\_ Wal-Mart (\$25 and \$100 increments)  
 \_\_\_\_\_ Whole Foods (\$25 and \$100 increments)  
 \_\_\_\_\_ Weaver Street reloadable card (\$10)  
 \_\_\_\_\_ BP Gas (\$25 and \$50 increments)

\_\_\_\_\_ Staples (Donate \$50 or \$100 to Stock the School)  
 \_\_\_\_\_ Wal-Mart (Donate \$25 or \$100 to Stock the School)  
 \_\_\_\_\_ Lowe's Foods (Donate \$25 or \$100 to Fuel Up)  
 \_\_\_\_\_ Wal-Mart (Donate \$25 or \$100 to Fuel Up)

\_\_\_\_\_ Special Requests (e.g. Two \$100 and one \$50 Lowe's cards)

\$ \_\_\_\_\_ **TOTAL ORDER AMOUNT**       **One Time Order**       **Recurring Order**

I will pay by (select one):

- Check or Money Order
- Credit Card – a convenience fee of 2.35% + \$0.35 will be charged to credit card orders

**Credit Card Authorization**

*Complete only if paying by credit card.*

A receipt will be emailed to you. Card information will be shredded after it is entered. For your protection, please place the completed form in a sealed envelope marked PTA Grocery Cards. Questions about paying with a credit card should be directed to

PTA Treasurer at [treasurer@phspta.org](mailto:treasurer@phspta.org).

I authorize the Perry W Harrison School PTA to charge the credit card below for the total amount (**plus a convenience fee of 2.35% + \$0.35**) of my grocery card order above. I understand that for recurring orders, my card will be charged on the 1<sup>st</sup> day of each month during the school year (e.g. September 1, 2014 for September order) until I notify the PTA otherwise in writing.

Name as appears on Credit Card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Type of Credit Card     VISA     MasterCard     Amex     Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_ Signature \_\_\_\_\_