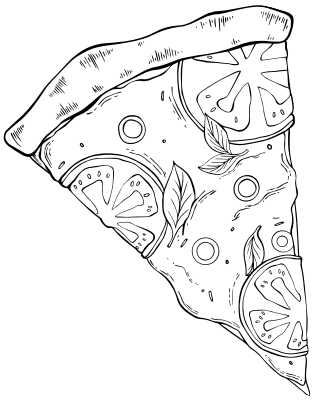
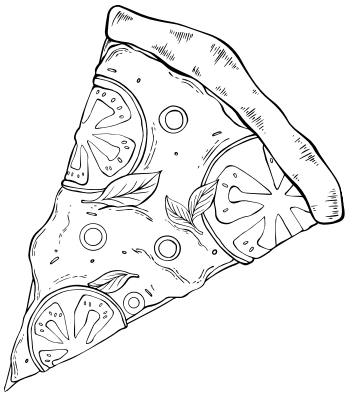


PIES WITH PURPOSE ORDER FORM



Please return form to the CMS Main Office with cash or check payable to CMS.

Name: _____

Address: _____

Email: _____

Phone: _____

Item: Gift Card	Amount	Quanity	Total
Gift Card			
Gift Card			
Gift Card			
Gift Card			
Gift Card			

Grand Total $_____

How would you like to receive your gift card(s)?

☐ Pick up at CMS ☐ Send home with student _____

☐ Mailed to my home

If you have any questions please contact Kara Pawlusiak at kara.pawlusiak@colchestersd.org or 264-5817