

Schools

 Parent's Name (Student): _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 email: _____
 Teacher's Name/Grade: _____

Parishes / Organizations

 Name: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 email: _____
 Parish/Organization Name: _____

| Qty | Code | Title | Price | Total |
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TEACHER WISH LIST: I am purchasing the following item(s) for my child's classroom.

| Qty | Code | Title | Price | Total |
|----------|------|-------|-------|-------|
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| | | | | |
| | | | | |
| Subtotal | | | | |

| | |
|----------------|--|
| Subtotal | |
| Teacher's List | |
| Tax* | |
| Total | |

WEBSITE AND OTHER CATALOG PROMOTIONS DO NOT APPLY TO THIS EVENT. YOU WILL RECEIVE FREE SHIPPING AND WILL BE SUPPORTING A GREAT CAUSE.

METHOD OF PAYMENT Check Cash
 Make payable to the Church, School or Organization

Please make a copy of this form for your records. *Thank you.*