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2012

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Schools

Parent's Name (Student): _____

Address: _____

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Telephone: _____

email: _____

Teacher's Name/Grade _____

Parishes / Organizations

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

email: _____

Parish/Organization Name _____

Qty.	Code	Title	Price	Total

TEACHER WISH LIST: I am purchasing the following item(s) for my child's classroom.

Qty.	Code	Title	Price	Total
			Subtotal	

Subtotal	
Teacher's List	
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Total	

*Please check with your event organizer concerning state sales tax.

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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.*