

St. Joseph High School Food Certificate Order Form

Student's Name _____ Date _____

Contact Phone No. _____

Grade _____ Check Amount _____

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I would like to purchase: (Circle choices)

Acme (\$100, \$50 and \$25 denominations) _____

Shop Rite (\$100, \$50 and \$25 denominations) _____

Bagliani's (\$50 denomination) _____

Inferrera's (\$5 denomination) _____

Please make check payable to St. Joseph High School and send in to the Main
Office. Thank you!