St. Joseph Gift Card, Gas & Grocery Program
Order Form

Name:	Phone#	Date:
Payment Method (Circle One): Cash Check#		

Store Name	Quantity	Denomination	Total
		Order Total	

Please indicate how you would like to receive your order:
Pick-up location: Church_____ Send order home with: _____

Family Credit_____

Orders MUST be received by end of 11:30 a.m. Mass on Sunday to receive order by the end of the same week. PAYMENT MUST ACCOMPANY ALL ORDERS! Thank You!!