



Highwood High School
CO-OP Gift Card
Fundraiser Order Form

Date of Purchase: _____

Name of Purchaser: _____

THE PURCHASE OF OTHER RETAIL GIFT CARDS USING THESE
PROMOTIONAL GIFT CARDS IS PROHIBITED

Cards Purchased:

Face Value		Quantity	=	Total	Gift Card Number(s)
\$25.00	x	_____	=	\$_____	_____

\$50.00	x	_____	=	\$_____	_____
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\$100.00	x	_____	=	\$_____	_____
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Total Purchase Amount: \$_____

Payment method: Debit / Visa / MasterCard / Cash / Cheque

Card #: _____

Expiry Date: _____

CVC (3 digit): _____

Funds Designated to:

Student Name: _____ or Students in Need
(please circle)