



Highwood High School  
PC / No Frills 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 | _____ | = | \$ _____ | _____ |
|---------|---|-------|---|----------|-------|

|          |   |       |   |          |       |
|----------|---|-------|---|----------|-------|
| \$100.00 | x | _____ | = | \$ _____ | _____ |
|----------|---|-------|---|----------|-------|

**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)

