



Highwood High School
Sobeys / Safeway 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)

