ORDER FORM

Please use this Order Form in conjunction with the Gift Card List found at:
http://shopandsupport.ca/sasgroup/resources/SAS_GiftCardList_Standard.pdf

GROUP NAME
GROUP ID#

ORDER SUBMITTED BY: (FIRST NAME, LAST NAME)	**DAYTIME TELEPHONE NUMBER:**	**ORDER DEADLINE:**
STUDENT'S OR MEMBER'S NAME:	**ORDER DATE:**	**For more information, please contact:**
EMAIL ADDRESS:		

RETAILER / BRAND NAME	VALUE	QUANTITY	$ TOTAL	RETAILER / BRAND NAME	VALUE	QUANTITY	$ TOTAL
		TOTAL:				**TOTAL:**	

☐ **One-Time Order**
☐ Payment Enclosed ☐ Payment Method: _____ ☐ Payment Amount: $ _____

☐ **Recurring Order**
Recurrence Pattern: (☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Other: _____) Number of Recurrences: _____
☐Payments Enclosed ☐ Payment Method: _____ ☐ Recurring Amount: $ _____

AUTHORIZED SIGNATURE:

AUTHORIZATION FOR RELEASE: I AUTHORIZE:

TO RELEASE MY GIFT CARDS AND CERTIFICATES DIRECTLY TO MY DESIGNATE. I WILL NOT HOLD:

RESPONSIBLE FOR ANY LOST OR STOLEN GIFT CARDS OR CERTIFICATES.

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE YOUR ORDER:
☐ **PLEASE HOLD ORDER FOR PICK UP** ☐ **PLEASE RELEASE ORDER TO DESIGNATE**

DESIGNATE NAME:

PAYMENT AND DELIVERY TERMS: PLEASE MAKE ALL CHEQUES PAYABLE TO:
ATTACH CHEQUE TO COMPLETED ORDER FORM AND RETURN TO:
IMMEDIATELY FOR PROMPT PROCESSING. ALL ORDERS WILL BE AVAILABLE FOR PICK-UP BY THE AUTHORIZED PERSON NAMED ON THIS FORM. DENOMINATIONS MAY BE SUBSTITUTED AS REQUIRED TO COMPLETE EACH ORDER. ALL ORDERS ARE SUBJECT TO AVAILABILITY.

GROUP MESSAGE:

RAISE FUNDS EVERYDAY WITH SHOPANDSUPPORT.CA!

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