

ST. MARY'S SCHOOL ASSESSMENT CREDIT

Date: _____

Check One:

Circle One:

___ School Purchase

Monday Tuesday Wednesday Thursday Friday

___ Church Purchase

4:45 P.M. - 6:00 P.M.

9:45 A.M. - 11:00 A.M.

Family to receive credit: _____

GIANT EAGLE

SHOP N SAVE

<u>Quantity</u>	<u>Amount</u>	<u>Serial #</u>	<u>Quantity</u>	<u>Amount</u>	<u>Serial #</u>
_____ @ \$ 25.00	_____	_____	_____ @ \$ 25.00	_____	_____
_____ @ \$100.00	_____	_____	_____ @ \$100.00	_____	_____

TOTAL PURCHASE \$ _____

SERVICE CHARGE \$ _____

TOTAL CHARGE PURCHASE \$ _____

ASSESSMENT CREDIT (4%) \$ _____

Purchase By: _____

Name

Phone

Check Number: _____ Cash: _____ Charge: _____

Sold By: _____

THANK YOU FOR YOUR SUPPORT OF ST. MARY'S SCHOOL!