

Grocery Card Order Form

Name: _	Student:		
Phone: _			
Email:			

	Quantity		TOTAL
Buy Low		X \$50.00	\$
		X \$100.00	\$
Save On Foods		X \$50.00	\$
		X \$100.00	\$
Loblaw (No Frills)		X \$50.00	\$
		X \$100.00	\$
		Total Amount	\$

Payment method:

E-transfer to: jp2@cisdv.bc.ca	
Cheque attached	
Cash included	
Debit payment at office	

> Cards can be picked up at the school office once you have been notified.

Thank you for your continued support of our school. St. John Paul II School Council