

OLL Scrip Gift Card Order Form

Name: _____

Date: _____

E-mail: _____

Phone: _____

	Retailer Name	Denomination	Quantity	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

LOCAL RETAILERS/OTHER

15	The Oaks Movie Theatre	\$6.50 each <small>(good for reular movies only)</small>		
16	CinemaWorld	\$6.50 each <small>(good for reular movies only)</small>		
17	Publix	\$25 / \$100		
18	The Medicine Shoppe Pharmacy	\$25		
19	Teacher/Faculty GIFTSCRIP	\$10 or \$25 (circle one) Certificates <small>that can be turned in for any gift card(s)</small>		

TOTAL

Order Dates:
 October 20th
 November 3rd
 November 17th
 December 1st
 December 15th

Scrip Coordinator: Brigette deVries
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