

West Morris Central Ice Hockey Supermarket Card Fundraiser

Order Form

Thank you for your participation.
Your sponsorship is very important to us.

DATE: _____



**SOLD
TO:**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please fill out the form below and follow instructions for order requests.
Cards are available in increments of \$50 and \$100.

TYPE OF CARD - A&P OR SHOPRITE	AMOUNT	CHECK #	DATE

Make checks payable to WMCIH Booster Club
Full Payment is due upon receipt of cards

Please submit order form and payment to one of the chairpersons below:
Tricia Williams: 908-578-0942 prw412@yahoo.com

For proper player credit - Please complete the Player information below if different from purchaser information above.

Player: _____

Phone: _____ E-mail: _____