

DMA GIFT CARD FUNDRAISER ORDER FORM

*****Turn in to Office by Dec 1, 2020*****

Student's Name: _____

Teacher's Name: _____

Store Name	\$ amount of each card	# of cards	Subtotal

(additional space on back if needed)

Total Amount: \$ _____

Forms of payment accepted: Cash, Check, or Credit Card (Credit Cards will be charged a 3 % processing fee)

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To be completed by School Administration:

Form of payment Rec'd: _____ **Amount:** _____

Signature of School Admin

Date

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