

ID Number: _____

STM SHOPPING CERTIFICATE ORDER FORM

NAME: _____ / _____ Date: _____
First Last

Payment: **Cash** _____ **Check #** _____ **Rel.Ed.** _____

Credit: **STM Center** _____ **School Family** _____
 STM School Orders: Phone: _____
 Pick-up – School _____ Send w/ child – Grade _____

Rebate

Credit*	Vendor	Value	Quantity	Amount
10%	Atrias	\$10	_____	\$ _____
9%	Barnes & Noble	\$10	_____	\$ _____
10%	Bob Evans	\$10	_____	\$ _____
10%	Chipotle	\$10	_____	\$ _____
10%	Dicks	\$25	_____	\$ _____
10%	Eat 'N Park	\$10	_____	\$ _____
5%	Giant Eagle	\$10	_____	\$ _____
		\$25	_____	\$ _____
		\$100	_____	\$ _____
4%	Home Depot	\$25	_____	\$ _____
15%	Kings	\$10	_____	\$ _____
5%	Kohl's	\$25	_____	\$ _____
		\$100	_____	\$ _____
16%	Land's End	\$25	_____	\$ _____
10%	Macy's	\$25	_____	\$ _____
9%	Olive Garden/Red Lobster	\$25	_____	\$ _____
9%	Panera Bread	\$10	_____	\$ _____
10%	Pro Bikes	\$100	_____	\$ _____
9%	Red Robin	\$25	_____	\$ _____
5%	Shop 'n Save	\$25	_____	\$ _____
		\$100	_____	\$ _____
7%	Starbucks	\$10	_____	\$ _____
2%	Target	\$25	_____	\$ _____
9%	T.G.I. Fridays	\$25	_____	\$ _____
2%	Wal Mart	\$25	_____	\$ _____
		\$100	_____	\$ _____
4%	Wendy's	\$10	_____	\$ _____
			TOTAL	\$ _____

*School Family credit is reduced by Tuition Remission Allowance

Checks payable to STM Certificate Fund

Please to show photo identification with check purchases.

Order filled by: _____ #Max \$200 sent home

8/24/2015