

Douglass Dough Grocery Certificate/Card Pledge Form

****RETURN THIS FORM BY THE FIRST MONDAY OF THE MONTH ****

to be filled that month. Otherwise, your pledge will start the following month.

Name: _____

Address: _____

Phone _____ Student's Name _____ Teacher _____

I would like to receive reminder notices by email _____ (email address)

____ **Please have my Neighborhood Rep Deliver** (circle one)

Baseline Lake Fairview Est. Indian Peaks West The Reserve

Blue Heron Grandview Est. Park Lake Shannon Est.

Cross Ridge Gunbarrel Paul Nor Spanish Hills

Other _____ Major cross streets _____

____ **Please send my order home in my child's Friday Folder** Signature _____

(Must have postdated checks stapled to this order form.)

I will not hold Douglass responsible for loss of Cards/Certs. once they are delivered to my child

(Now through May 2006)

(Unable to deliver without prepayment)

____ **I will pick up my order in the office**

(Prepayment is preferred; Staple your check to this order form)

____ **I would like to volunteer to be a neighborhood representative**

Monthly Order Form	Value	QTY	Dollar Total
King Soopers Certificate	\$25	_____	\$_____
King Soopers Card	\$100	_____	\$_____
Safeway Card	\$100	_____	\$_____
Wild Oats/Ideal Card	\$100	_____	\$_____

Please make any checks out to **Douglass PTO/SIT.** Total Monthly Order \$_____

If you have any questions, call the Douglass Office at 303-499-4884.