



## HEB GIFT CARD ORDER FORM

(Please print clearly)

Student Name: \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Parent eMail: \_\_\_\_\_  
Parent Phone Number: \_\_\_\_\_

CARD VALUE	NUMBER OF CARDS		AMOUNT	
\$25	x		=	
\$50	x		=	
\$100	x		=	
\$200	x		=	

- \* Payment Type: CHECK ONLY
- \* Make Check Payable to: CTJ BPA (CTJ Band Parent Association)
- \* Write student's name on each check memo line
- \* Place check(s) and order form in envelope labeled "HEB Gift Card Order"
- \* Drop off in the black band parent box in the band hall.