

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_

**Special Orders**

**Name of Retailer(s):                      Amount**

	1	
	2	
	3	
	4	
	5	
	6	

**TOTAL**

**Cash Amount** \_\_\_\_\_

**Check Amount** \_\_\_\_\_

**Check #** \_\_\_\_\_

(Payment for special order only/ if purchasing scrip from box must have separate payment)

**Amount Owe** \_\_\_\_\_

**Seller Signature** \_\_\_\_\_

Please apply profit to: (Choose one Tuition, Msgr. Malik, or Parish)

Tuition  
Family \_\_\_\_\_

OR

Msgr. Malik Ed. Fund/St. Mary School

OR

St. Mary

called or emailed in to coordinator