

PLEASE USE THIS FORM WHEN ORDERING  
SHOPRITE AND PATHMARX SCRIPS.  
(please do not combine payment with other scrips or Costco)

SEND ORDER WITH FULL PAYMENT  
TO JEANNE TAYLOR c/o 6<sup>th</sup> grade. MAKE CHECK PAYABLE  
TO  
PT. ROSE OF LIMA HSA.

FAMILY NAME \_\_\_\_\_ SHOPRITE \_\_\_\_\_  
CHILD'S NAME \_\_\_\_\_ PATHMARX \_\_\_\_\_  
GRADE \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

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