



FREE HORIZON MONTESSORI Grocery Shopping: No Cost Fundraising

Grocery Card Order Form: Sign up for any or all!

For more detail, visit www.fhmcsn.org and click on the FUNDRAISER tab.



King Soopers Reloadable Gift Cards

✓ I would like to join the Free Horizon Montessori **King Soopers Reloader Program!**

Free Horizon Montessori earns 5% of every dollar you spend when you use our King Soopers gift cards! *Please complete the bottom portion of this form.*



Safeway Reloadable Gift Cards

✓ I would like to join the Free Horizon Montessori **Safeway Reloader Program!**

Free Horizon Montessori earns 3% of every dollar you spend when you use our Safeway gift cards! *Please complete the bottom portion of this form.*



Vitamin Cottage Gift Cards – Not Reloadable

✓ I would like to purchase **Vitamin Cottage** gift cards!

Free Horizon Montessori earns 5% of every gift card you purchase when you buy a Vitamin Cottage / Natural Grocer gift card from the CSN. *You must pre-order these cards, and provide payment prior to receiving. The CSN will not keep Vitamin Cottage cards on-hand. Cards come with \$25.00, \$50.00, or \$100.00 pre-loaded on the card.*

Free Horizon Montessori/Community Support Network does not endorse the use of any of these products or services, and encourages your participation only if you are already interested in them.

Have Questions? Contact: cards@fhmcsn.org

Name: _____

Email: _____ Phone Number: _____

Oldest Child's Name: _____ Child's Teacher/Class: _____

Number of King Soopers Cards Requested: _____ x \$5.00 per card = \$ _____

Number of Safeway Cards Requested: _____ x \$5.00 per card = \$ _____

Number of Natural Grocers Cards Requested: _____ x \$25.00 per card = \$ _____

Number of Natural Grocers Cards Requested: _____ x \$50.00 per card = \$ _____

Number of Natural Grocers Cards Requested: _____ x \$100.00 per card = \$ _____

Payment Total = \$ _____

Card Distribution: Hold at front desk Arrange to meet me

Thank you in advance for supporting Free Horizon Montessori!

Please attach payment and place this form in the CSN payment box.

Make checks payable to Free Horizon Montessori Foundation or FHMF.

CSN USE ONLY: Date Received: _____ Date Distributed: _____

Payment: Cash: _____ Check # _____ CSN Signature: _____