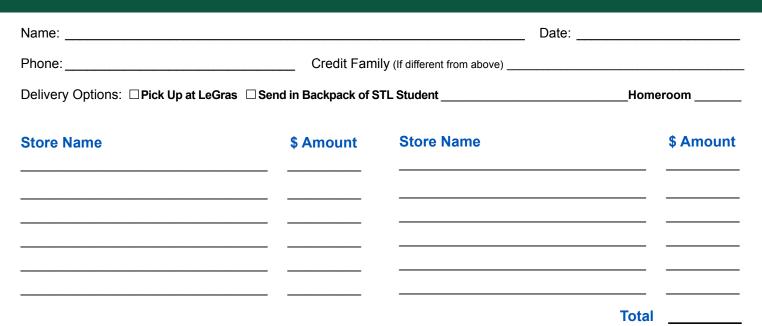
SPECIAL ORDER FORM

Name:			Date: _	
Phone:		Credit Fam	ily (If different from above)	
Delivery Optio	ns: □Pick Up at LeGras □Se	end in Backpack of S	STL Student	Homeroom
Store Name		\$ Amount	Store Name	\$ Amount
			-	Total
SOUISE DE MARRIE	St. Louise de Marillac Catholic School 310 McMurray Road		Return completed form with payment (check payable to "STL" or cash) in envelope marked "FTM c/o School Office" If you are also placing a "Same Day" order, please submit 2 checks. Please do not put your order back in your family folder.	
Upper St. Clair, PA 15241 412.835,0600				

SPECIAL ORDER FORM

www.stlouiseschoolpa.org





ST. LOUISE DE MARILLAC CATHOLIC SCHOOL 310 McMurray Road Upper St. Clair, PA 15241 412.835.0600 www.stlouiseschoolpa.org Return completed form with payment (check payable to "STL" or cash) in envelope marked "FTM c/o School Office"

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