

This form must be re-submitted for the 2023-2024 school year.

## There will be a \$25 fee for NSF checks. We cannot accept post-dated checks.

Purchaser's Name		Date
Last	First	
Address	City, State, Zip	
Telephone	Email	
Please apply my Manna Credi	its to: (check one)	
lacksquare To the <b>school</b> tuition accou	unt of	
lacktriangle To the <b>REY</b> tuition account	: of	
lacksquare To the <b>school</b> tuition account	unt of a family in need.	
$\square$ Return credits to me for high	gh school or college tuitid	on or other expenses.
☐ I would like my Manna cred	dit applied to future tuitio	on costs for the year 20
☐ St. Gerald School	☐ REY Program	
ST. GERALD MANNA POLIC	Y	
Chicago, St. Gerald Parish and responsibility for lost, misplace	d/or the St. Gerald Mann ced, stolen certificates/gif	ke cash and that the Archdiocese of a committee will not accept ft cards, or certificates/gift cards that LEASE CHECK YOUR ORDER.
PLEASE NOTE: Manna certific	cates/gift cards are not re	eturnable, exchangeable or refundable.
Signature		 Date
ST. GERALD MANNA RELEA	SE	
☐ I authorize the student liste	ed below to bring home a	all of my Manna Orders.
Student's Name		Room #
☐ I prefer that my Manna Ord	ders are held for pickup.	
Purchaser's Signature		Date