SAME DAY ORDER FORM

Name:		Date:	
Phone:	Credit Fam	ily (If different from above)	
Delivery Options: □ Pick Up at LeGras □ Sen	nd in Backpack of S	L StudentHomeroom	
Store Name		Store Name	\$ Amount
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" If you are also placing a "Special" order, please submit 2 checks. Please do not put your order back in your family folder.	
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Total

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