# ***MANNA ORDER FORMS***

**Name**_____ **Date**_____

| *VENDOR* | *DENOMINATION* | *QUANTITY* | *TOTAL $ AMT* |
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| TOTAL AMOUNT OF ORDER | | | |

Please make checks payable to St. Mary.

If you would like this order to be sent home with your child, please sign your name below. Please remember that St. Mary cannot be responsible for lost certificates once your child has received them.

Date_____ Parent Signature_____
Phone: (where you can be reached Tues and Wed Morning) _____
Child's name:_____
Additional Instructions: