



HANNAFORD CARD REQUEST FORM

- Complete this form and put your check (**payable to 'Yarmouth PTO'**) in an envelope labeled "**PTO/Hannaford GC**".
- Send it with your child to school, drop it off at your school office (K-4 students should give envelopes to their teachers; 5-8 students or parents should give envelopes to the school office) , or mail it to Yarmouth PTO/HGC, P.O. Box 262, Yarmouth ME, 04096.
- All checks must be received by **noon Wednesday, November 7th**.

Name: _____

Phone: _____ Email: _____

Student's Name: _____

Teacher/Advisor: _____ Grade: _____

Gift Card amount (not to exceed \$500): \$ _____

Wish to load more than \$500? Fill out information below for an additional card.

Additional Card Holder's Name: _____ Amount: \$ _____

Please send my card (check one):

_____ Home with my child

_____ To the school office and I will pick up.

_____ Mail to the following address: _____
