



# St. Mary Academy

**SUPPORT THE ARTS ORDER FORM**

**Est. 2000**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Item Description	Quantity	Price	Total
	1 set (6)	\$20.00	
	1 set (6)	\$20.00	
	1 set (6)	\$20.00	
	1 set (6)	\$20.00	
	1 set (6)	\$20.00	
		<b>Total</b>	

## PAYMENT INFORMATION

Cash

Check (Make payable to St. Mary Academy - Dreams Are Free)

Visa

Master Card

Discover

American Express

Credit Card Number

Card Expires

Verification Number

Name as It Appears on Credit Card \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT!**

**FAITHFUL**

**INSPIRED**

**RESPONSIBLE**

**ENGAGED**