



KROGER Gift CARD ORDER FORM Louisville Flyers Special Olympics

Name: _____

Address: _____
(street) (city) (state) (zip)

Phone: _____ Email: _____

Athlete Parent/Guardian/Family Member Coach/Volunteer
(please circle one)

Athlete's Name(s): _____

Quantity of Kroger Cards *X* *Cost of Card* = *Total Enclosed*
_____ **\$ 5.00 each** \$ _____

Please place this order form and your payment in a sealed envelope and return to Danny or Karen Lane.

Checks are made payable to "Louisville Flyers"

Kroger Cards will be returned to you through U.S. Mail within one week.

Thank you for your support of the Louisville Flyers Special Olympics Program!

Louisville Flyers Kroger Chairman Use Only:

Date Order Rec'd: _____

Date Order Mailed: _____

Amount Paid: _____

Postage: _____

Kroger Card(s) Numbers: _____
