

## Gift Store Order Form

| Name:           |                              |             |
|-----------------|------------------------------|-------------|
| Address:        |                              |             |
| City:           |                              |             |
| Phone:E         | Email:                       |             |
| GiftAmount: \$  |                              |             |
| Card Type:      | rCard American Express       | ☐ Discover  |
| Card Number:    | Exp. Date:                   |             |
| Signature:Date: |                              |             |
|                 | Quantity                     | Gift Amount |
|                 |                              | \$          |
|                 |                              | \$          |
|                 |                              | \$          |
|                 |                              | \$          |
|                 |                              | \$          |
|                 | <b>Total Amount Enclosed</b> | \$          |

Mail this form, along with a check or credit card payment to:
St. Joseph's Indian School

ATTN: Gift Store Chamberlain, SD 57326