



School Organization Information Sheet for Billing of Gift Card Purchases

Please provide the following information each school year for our records.

School Year: _____

Organization Name: _____

School Name: _____

School Address/City/State/Zip: _____

School Sponsor: _____

Home Phone: _____ School Phone: _____

List (2) Individuals Responsible for Account:

#1 Sponsor

Name: _____

Home Address: _____

City/State/Zip: _____

Daytime Phone: _____ HomePhone: _____

#2 Sponsor

Name: _____

Home Address: _____

City/State/Zip: _____

Daytime Phone: _____ HomePhone: _____