

DO NOT FILL IN FAMILY ACCT # _____ TOTAL SLIPS _____

PLEASE SPECIFY AMOUNT IHM TUITION CREDIT PROGRAM
PER STORE: ACME \$ _____ SHOPRITE \$ _____ SUPERFRESH \$ _____

DATE: _____ TUITION CREDIT TO BE APPLIED TO THE FAMILY OF:
STUDENT'S LAST NAME: _____ STUDENT'S FIRST NAME: _____
GRADE: _____ SCHOOL (if other than IHM): _____
PURCHASED BY: _____ SOLD BY: _____

PLEASE MAKE CHECK PAYABLE TO IHM SCHOOL SCRIP

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