

# Cherry Gift Card Program - Enrollment Contract

Please complete the information below and return this contract to the Gift Card program mailbox just outside the school office or mail it to Cherry Preschool, 1418 Lake Street, Evanston, IL 60201.

Today's Date: \_\_\_\_\_

Child's Name(s): \_\_\_\_\_ Classroom(s): \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Step 1: Please complete the table below to indicate your monthly order.**

Store/Denomination	#	Total \$
Amazon \$100	X	= \$
Amazon \$25	X	= \$
<b>Amazon Total</b>		= \$
CVS \$25	X	= \$
<b>CVS Total</b>		= \$
Jewel \$100	X	= \$
Jewel \$25	X	= \$
<b>Jewel Total</b>		= \$
Mariano's \$100	X	= \$
Mariano's \$25	X	= \$
<b>Mariano's Total</b>		= \$
Peapod \$100	X	= \$
Peapod \$25	X	= \$
<b>Peapod Total</b>		= \$
Sams Club \$100	X	= \$
Sams Club \$25	X	= \$
<b>Sams Club Total</b>		= \$
Starbucks \$25	X	= \$
Starbucks \$10	X	= \$
<b>Starbucks Total</b>		= \$
Target \$100	X	= \$
Target \$25	X	= \$
<b>Target Total</b>		= \$
Visa \$50	X	= \$
<b>Visa Total</b>		= \$
Walgreens \$100	X	= \$
Walgreens \$25	X	= \$
<b>Walgreens Total</b>		= \$
Whole Foods \$100	X	= \$
Whole Foods \$25	X	= \$
<b>Whole Foods Total</b>		= \$
Other Stores SEE INSET	X	= \$
<b>Other Total</b>		= \$
<b>Total Monthly Gift Cards</b>		= \$

*\*The cards you indicate on this form will be ordered for you EVERY MONTH, unless you inform us of a change. To order cards on a ONE-TIME or OCCASIONAL basis, please submit an "On The Fly" form in addition to your standing order.*

**Step 2: Please check a PAYMENT OPTION and complete details as needed:**

- Auto-debit previously set-up at Cherry:**  
Check this box to authorize Warren W. Cherry Preschool to automatically debit the amount of my Gift Cards order from my account on or after the distribution date each month. No further action is necessary!
- Auto-debit 1<sup>st</sup> time set up:** I authorize Warren W. Cherry Preschool to automatically debit the amount of my Gift Cards order from the following account on or after the distribution date each month:

Signature: \_\_\_\_\_

**\*\*\* Attach a voided check if this is your first time enrolling in auto-debit or if you are changing the account for your auto-debit. \*\*\***

*To pay monthly by check/cash, please contact the office. CREDIT CARDS ARE NOTACCEPTED.*

Other Stores Monthly Order	
Store Name _____	Store Name _____
Card Value \$ _____	Card Value \$ _____
No of Cards _____	No of Cards _____
Store Total \$ _____	Store Total \$ _____
<p>For a complete list of vendors, visit:  <a href="http://glscrip.com/shop/Default.aspx">glscrip.com/shop/Default.aspx</a></p>	

