Garland/Richardson Aggie Moms Club

Student Care Package

ORDER FORM

Aggie Mom: _____
Purchasing the Package Last Name First Name

Aggie's Name: _____
Student Receiving the Package Last Name First Name

Aggie's Email: _____

Aggie's School Tel. #: _____

Aggie's Cellular Tel #: _____

Make Checks Payable to Rose Ann Giles or Mary Gay

ONLY 1 Package Per Order Form

Each Order Form MUST contain only 1 Student's Name

Amt. Paid: $_____ Paid Cash:

Date Paid: _____ Check #: _____

Picked Up By: _____ Date: _____

Delivered By: _____