



## St. Mary Grocery Program Request Form

Family Name - \_\_\_\_\_

Youngest Child \_\_\_\_\_ HMRRM \_\_\_\_\_

**Biggs Cards** - \_\_\_\_\_ X \$50.00 = \_\_\_\_\_ Total

**Kroger Cards** - \_\_\_\_\_ X \$100.00 = \_\_\_\_\_ Total

**Kroger Reloadable card** - \_\_\_\_\_ @ no charge (Can be loaded at cash register before check-out begins.)

Grand Total - \_\_\_\_\_

**Check one:**

White envelope delivery \_\_\_\_\_

Friday delivery \_\_\_\_\_

Attach your check made to "St. Mary Grocery Program" to the form and return in the white envelope.  
Any questions? Call Cate O'Brien at 533-0508, Susan Leonardi at 321-8226 or Michele Semona at 321.5558. Thank you!!



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