



DATE: _____

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____ PHONE: _____

STREET ADDRESS: _____ P.O. BOX: _____

CITY: _____ STATE: _____ ZIP: _____

DATE CARDS NEEDED: _____ EMAIL: _____

(PLEASE ALLOW 2 WEEKS FOR DELIVERY)

PICK UP STORE: _____

CONTACT THE COMMUNITY CASH DEPARTMENT AT 1.800.826.8451, OPTION 2, WITH ANY QUESTIONS ON YOUR ORDER. **PAYMENT MUST BE MADE AT THE TIME YOU PLACE OR PICK UP YOUR ORDER.** PLEASE INCLUDE INVOICE NUMBER ON YOUR CHECK.

TOTAL ORDERS FOR CARDS:

\$10	\$25	\$50	\$100	TOTAL \$

MAIL FORM WITH PAYMENT TO:

K-V-A-T FOOD STORES, INC.
OPERATIONS DEPARTMENT
ATTN: COMMUNITY CASH
PO BOX 1158
ABINGDON, VA 24210

(CUT HERE)

**ORDER
FORM**

