

**WRITE-ON STATIONERY**

Phone: (780) 486-4169 • Toll Free: 1(866)486-4169
 Fax: 1(866) 604-3246 • Email: marhea@write-on.ca

Online Ordering! Credit Card/Interac Online
www.write-on.ca

Centennial School (Grade 2)

Please submit paper order form with payment by: **May 25, 2017**

Please submit online orders by: **June 1, 2017**

Delivery: **During the week June 19, 2017**

Supply Package**Price: \$42.70**

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|--|---|
| <p>10 Duotang (2 blue,2 red,1 each
green,orange,black,grey,yellow,purple - with three prongs, no
pockets)</p> <p>2 Hilroy Interlined Exercise Book</p> <p>1 Hilroy 1/2 Blank 1/2 Interlined Exercise Book</p> <p>24 HB Pencils (please sharpen at home)</p> <p>1 Crayola 16 Wax Crayons</p> <p>1 Crayola 24 Pencil Crayons (pre-sharpened)</p> | <p>1 Crayola 10 Washable Wide Tipped Markers</p> <p>4 White Eraser (large)</p> <p>1 Elmer's 120ml White Glue</p> <p>3 40g Glue Stick</p> <p>1 Facial Tissue (126 sheets)</p> |
|--|---|

Other Items (These items only need to be purchased if the student does not already own them)

	Qty Required	
1 Plastic Pencil Box	1	\$4.32 each x _____ = \$ _____
1 Children's Pointed Scissors (Right Handed) (OR)	1	\$4.17 each x _____ = \$ _____
1 Children's Scissors (Left Handed)	1	\$6.24 each x _____ = \$ _____
1 30 cm Clear Plastic Ruler (cm/mm)	1	\$0.82 each x _____ = \$ _____

Prices include all applicable taxes and 10% of your total order will be
 returned to the school/council as a fundraiser.

Total Supply Package Price: \$ _____

Total Additional Items Price: \$ _____

GRAND TOTAL: \$ _____

Payment Information

You can place your order online at www.write-on.ca. Visa, MasterCard, American Express, and Interac Online are accepted. Additional payment options are available below.

PLEASE PRINT CLEARLY.

Student's First Name: _____ Last Name: _____ Current Teacher: _____

Telephone: (_____) _____ - _____ Email Address: _____

You will receive email confirmation when your order is processed.

Enclose cash, credit card #, or make cheque payable to: Write-On Stationery Supplies Inc.

VISA/MC # _____ - _____ - _____ - _____ Expires (MM/YY): ____/____

Cardholder's Name: _____

Signature: _____