



## Gift of Reading Order Form

Student(s): \_\_\_\_\_

Grade(s): \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Parent: \_\_\_\_\_

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

Book(s): \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_

Please enclose order form and payment in an envelope marked **PTSA Gift of Reading**, and return to the PTSA mailbox in the school office. Please make checks payable to Serene Lake PTSA. Thank you.



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