



Item #	Description	Quantity	Gift cards #	Unit cost	Total cost
CG#006	One Delivery			\$50.00	
CG#006A	One Time			\$100.00	
CG#006B	One Day			\$230.00	
CG#006C	One Week			\$1600.00	
CG#006D	One Month			\$7000.00	
JAS#004	Mentoring 1 year match			\$1500.00	
JAS#004A	Mentoring 1 month match			\$125.00	
CEF#001	Summer Camp			\$150.00	
CEF#002	1 Kid, 1 Thing, 1 Time			\$25.00	
CEF#002A	Baby's 1st Year, 1 mo			\$40.00	
CEF#002B	One Teen, One Month			\$60.00	
CEF#002C	Car Seats & Bikes			\$100.00	
CEF#003	Special Occasion Gift			\$35.00	
CEF#003A	Prom & Class Rings			\$100.00	
E#007	Endowment				
LPP#008	CCC People Pins			\$18.00	
<b>PLEASE SEE BACK OF FORM</b>			Subtotal		
<b>Payment method:</b>			Shipping Charge: \$1.00 for total order <u>only</u> if gift cards are USPS mailed to donor.		
Please send information on Covenant Club <input type="checkbox"/>			<b>Total</b>		
<b>For office use only</b>					Date:

**COVENANT TO CARE FOR CHILDREN - ALTERNATIVE GIFT CATALOG**

**ORDERING INFORMATION:**

After making your gift selections on the reverse, enter your instructions below so CCC can fill your order. For each recipient, indicate name, address, item number(s), and type of gift card you would like sent:

**A** – Holiday      **B** – All occasion      **C** – Christmas

If CCC is to mail the card(s) to your recipient(s), be sure to indicate your message to each recipient, for example, "Love, Mom & Dad."

A description of your gift will be included with the card. If you wish, all the card(s) and description(s) can be mailed directly to you for distribution.

If you have questions, call the CCC office at (860) 243-1806.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Item #(s) \_\_\_\_\_ Gift Card Type \_\_\_\_  
Message \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Item #(s) \_\_\_\_\_ Gift Card Type \_\_\_\_  
Message \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Item #(s) \_\_\_\_\_ Gift Card Type \_\_\_\_  
Message \_\_\_\_\_

4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Item #(s) \_\_\_\_\_ Gift Card Type \_\_\_\_  
Message \_\_\_\_\_

If you are sending more than four gifts, please copy this form and use as an additional page.

**PAYMENT INFORMATION:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_, \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Check (payable to CCC)      Credit Card (circle one)      Visa      Mastercard

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Amount \_\_\_\_\_