



Phone: (780) 486-4169 • Toll Free: 1(866)486-4169
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Mills Haven School (Grade 4)

Please submit paper order form with payment by: **June 20, 2018**
 Please submit online orders by: **July 1, 2018**
 Delivery: **The first day of School in the Fall**

Items required from home: a pair of indoor running shoes. No whiteout or large / zippered binders please. Please clearly label all supplies.

Supply Package

Price: \$51.85

- | | |
|--|---|
| 1 200 pages Ruled Looseleaf | 1 Black Pen(s) |
| 15 Duotang | 2 Highlighter(s) (different colours) |
| 8 Hilroy Exercise Book - 40 pages (not coiled) | 1 Crayola 24 Pencil Crayons (pre-sharpened) |
| 20 HB Pencils (please sharpen at home) | 1 Crayola 16 Washable Broad Tipped Markers |
| 2 Blue Pen(s) | 4 White Eraser (large) |
| 2 Red Pen(s) | 2 40g Glue Stick |

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

	Qty Required	
1 Pencil Case	1	\$4.58 each x _____ = \$ _____
1 Pointed Scissors (Right Handed) (OR)	1	\$3.45 each x _____ = \$ _____
1 Pointed Scissors (Left Handed)	1	\$7.09 each x _____ = \$ _____
1 30 cm Clear Plastic Ruler (cm/mm)	1	\$0.84 each x _____ = \$ _____
1 Pencil Sharpener(s) with Lid	1	\$2.55 each x _____ = \$ _____
1 Headphones for Computer Use	1	\$7.21 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: _____