



Williamsport Area School District

2780 West Fourth Street Williamsport, PA 17701
(570) 327-5500 • www.wasd.org

Receipt of Gift Card Acknowledgement

School Year: _____

Please accept this gift card from the Williamsport Area School District as recognition for:

Student Name: _____

Student or Parent Signature: _____

Gift Card Name: _____

Gift Card Amount: _____ Date Received: _____

Teacher Name: _____

Teacher Signature: _____

Date Gift Card Purchased: _____ Purchasing Card Name: _____

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| <p style="text-align: center;"><i>Copy of Gift Card</i></p> |
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| <p style="text-align: center;"><i>Copy of Activation Receipt or back of Gift Card</i></p> |
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