

To: St. Joseph the Worker Families

From: Sara Miller
Helping Hands Coordinator

Please print out these coupons and submit one to Friel Ortho with each payment or within 30 days of each ACH payment. Please note that without a coupon, you will not receive a tuition credit.

Because of privacy issues, Helping Hands will not have access to any payment history to Friel Ortho. Any discrepancies must be addressed between you and Friel Ortho.



Hugh E. Friel
frielortho.com DDS, MDS, PC

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St. Joseph the Worker Helping Hands
 Contribution Request / Payment Coupon

Patient Name: _____ Address: _____

Student Name : _____ Circle one: School CCHS Prep Angel Univ.

Phone: Home: _____ Cell: _____

Payment Date: _____ Payment Amount: _____

****You will only receive tuition credit if you submit this receipt with EACH payment****
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