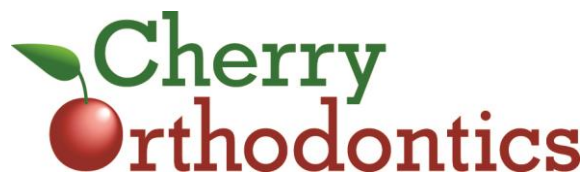


To: St. Joseph the Worker Families

From: Sara Miller  
Helping Hands Coordinator

Please print out these coupons and submit one to Cherry Orthodontics 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 Cherry Orthodontics. Any discrepancies must be addressed between you and Cherry Orthodontics.



[www.cherryortho.com](http://www.cherryortho.com)



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

Patient Name: \_\_\_\_\_ Address: \_\_\_\_\_

Student Name : \_\_\_\_\_ Circle one: School CCHS Prep Angel

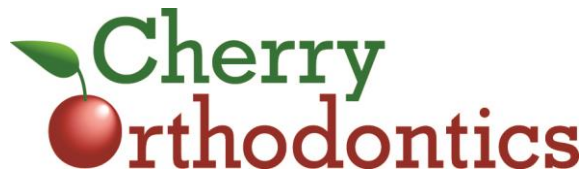
Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

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

**\*\*Coupon must be submitted within 30 days of each ACH payment\*\***

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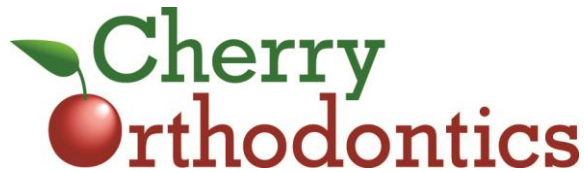
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