

# SCRIP ORDER FORM

Date: \_\_\_\_\_ Last Name: \_\_\_\_\_ Scrip Account #: \_\_\_\_\_

Store Name	Denomination	Quantity	Total
Amazon (2.25%)	\$25		
	\$100		
Arco (1.5%)	\$50		
Chevron (2%)			
Classic Design (10%)	\$100		
Gap/Old Navy/Banana Republic (14%)	\$25		
	\$100		
Guerra's Meats (8%)	\$50		
Home Depot (4%)	\$25		
	\$100		
Java Beach (10%)	\$25		
Lucky/Save Mart (2%)	\$25		
	\$100		
Macy's (10%) - no payment on account	\$25		
	\$100		
Nordstrom (6%)	\$25		
	\$100		
Peet's (8%)	\$20		
Ross (8%)	\$25		
Safeway (4%)	\$25		
	\$100		
Shell (1,5%)	\$100		
Starbucks (7%)	\$10		
	\$25		
Target (2.5%)	\$25		
	\$100		
UNOCAL 76 (1.5%)	\$100		
Walgreens (5%)	\$25		
	\$100		
<b>Grand Total:</b>			<b>\$0.00</b>

**Advance payment is necessary when ordering through the school envelope. Make your checks payable to St. Gabriel Scrip Program. Payment must be included with pre-order from.**

Please allow my child, \_\_\_\_\_, to bring my scrip home in a specially marked envelope. My check made payable to **St. Gabriel Scrip Program** in the amount of \$ \_\_\_\_\_ is enclosed.

**Scrip Purchase Goal**

To ensure that your family receives credit towards your scrip purchase goal, when ordering, indicate family name and scrip account # below. Please be sure that if extended family members purchase scrip, that they also indicate your family name and account #.

**Family Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Scrip #:** \_\_\_\_\_

I understand that scrip is like cash and that the Parent Organization of St. Gabriel School is not responsible if it is lost or stolen. I also understand that scrip purchases are not tax deductible.

Signature: \_\_\_\_\_  
 9/3/19 Order form reg 9-3-19.xls