

SPECIAL ORDER SCRIP

**Order by Thursday and receive your order next Thursday.
Please use this form only for scrip that is NOT on the regular order form.**

Date: _____

Please allow my child, _____ Grade: _____ to bring my Scrip home.

Family Name: _____ Scrip Account #: _____

Phone #: _____

I understand that scrip is like cash and that the Parent Organization is not responsible if it is lost or stolen.

Parent's Signature: _____

Store Name	\$ Value	Qty.	Net \$
			\$ -
			\$ -
			\$ -
			\$ -
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			\$ -
			\$ -
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			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL:			\$ -

Make check payable to SG Scrip
SEPARATE CHECKS ARE REQUIRED FOR EACH FORM.
(Scrip purchases are not tax deductible.)

For the most recent list of the available merchants visit Shop With Scrip website: www.shopwithscrip.com click on retailer list. Please complete this form legibly! Thank you. If you should have any questions please call Janet barry in the clinic (415-566-0314) or email: clinic@stgabrielsf.com

Family Name: _____ Grade: _____ Scrip Account #: _____