

SCRIP ORDER FORM

NAME _____ Homeroom _____ Best Phone _____

Please submit 2 copies of this form in an envelope marked SCRIP ORDER FORM

REQUESTS FROM SCRIP WEBSITE

www.shopwithscrip.com

MERCHANT	CARD VALUE	# OF CARDS	\$ TOTAL	*OFFICE USE *

Total # of Cards Ordered _____ **Total Payment Due \$** _____

If paying by cash, **amount enclosed \$** _____

If paying by check, **CHECK #** _____ **Name on Check** _____

I authorize the release of these cards to my child. I understand that St Benedict Catholic School is not responsible for lost or stolen cards.

I will pick up my cards at the School Office.

NEW: Do you want to put the cash rewards earned for *the above card purchases* toward something other than your children's tuition? If so, please check one of the selections below (**your selection is for today's purchase only**):

Another SBS Family's Tuition (Family Name _____)

General Tuition Reduction Fund Academic Special Needs Program