

GLS SCRIP ORDER FORM



Date _____

Phone number: _____

Name: _____

Signature: _____

Store Name	Denomination	Quantity	Total \$ Amt.	Office use only
_____	_____ X	_____ =	_____	
_____	_____ X	_____ =	_____	
_____	_____ X	_____ =	_____	
_____	_____ X	_____ =	_____	
_____	_____ X	_____ =	_____	
_____	_____ X	_____ =	_____	
_____	_____ X	_____ =	_____	
_____	_____ X	_____ =	_____	
_____	_____ X	_____ =	_____	
TOTAL \$ DUE			= _____	Check # _____

Please make check payable to: Holy Sepulcher-Scrip

**Please do not staple checks or cash to the order form

_____ I WILL PICK UP MY ORDER AT THE OFFICE ON THURSDAY AFTER 2PM

_____ PLEASE SEND MY ORDER HOME WITH _____ GRADE _____

