

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 \$
<b>TOTAL:</b>			

Make check payable to **SGPO**

**SEPARATE CHECKS ARE REQUIRED FOR EACH FORM.**

*(Scrip purchases are not tax deductible.)*

For the most recent list of the available merchants go to [ShopwithScrip.com](http://ShopwithScrip.com)

Click on retailer list. If you should have any questions please call Maureen Calero in the clinic  
(415) 566-0314 or email [clinic@stgabrielsf.com](mailto:clinic@stgabrielsf.com)

Family Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Scrip Account #: \_\_\_\_\_