

SCRIP ORDER FORM

Date: _____ Last Name: _____ Scrip Account #: _____

Store Name	Denomination	Quantity	Total
Amazon (2.25%)	\$25		
	\$100		
Arco (1.5%)	\$50		
Chevron (2%)	\$50		
Classic Design (10%)	\$100		
Gap/Old Navy/Banana Republic (14%)	\$25		
	\$100		
Guerra's Meats (8%)	\$50		
Gus's (Noriega Produce) (6%)	\$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		
Grand Total:			\$0.00

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: _____