



# SCRIP Order Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Family/Child Name: \_\_\_\_\_

Special Instructions (i.e. send home with student): \_\_\_\_\_

*Orders are filled once a week and as close to the card denomination requested as possible.*

		<u># of Cards</u>	<u>Total Amount</u>
Fred Meyer/QFC (*4%)	\$25	_____	_____
	\$50	_____	_____
	\$100	_____	_____
Home Depot (*4%)	\$25	_____	_____
	\$100	_____	_____
New Seasons (*5%)	\$50	_____	_____
	\$100	_____	_____
Safeway/Albertsons (*4%)	\$25	_____	_____
	\$100	_____	_____
Starbucks (*7%)	\$10	_____	_____
	\$25	_____	_____

<b>Total Order Amount:</b> _____
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<b>Payment:</b>	
Check #	_____
Cash	_____
Debit Acct	_____

**Thank you for your support of All Saints School.**

\*Your purchase provides this % profit to the school.