



St. Michael School Scrip Program Order Form

Student's Name: _____/Grade_____ Phone# _____
(Please Print Clearly)

Grocery Order Due Date: _____ Grocery Delivery/Pick Up Date: _____
***** Scrip will be available Thursday's at St. Michael's Lane from 2:30 to 2:45 *****

1. Please check one:

I will pick up my Scrip order at St. Michael's Lane on Thursday. (If your order is not picked up it will be available for pick up in the office the following day.)

My Scrip may be sent home with my child _____ in Grade _____
Teacher _____. Delivery via your child requires your signature here
_____ indicating that you do not hold St. Michael School
responsible for lost or stolen Scrip once it is delivered to your child.

2. Place your Order:

Store	% Profit	Denomination	Quantity	Total \$ Amount
Shop Rite	5%	\$ 20		
Shop Rite	5%	\$ 50		
Shop Rite	5%	\$ 100		
Pathmark	5%	\$ 25		
Pathmark	5%	\$ 100		
A & P	5%	\$ 25		
A & P	5%	\$ 50		
A & P	5%	\$ 100		

Total Amount Ordered \$ _____ Enclosed Cash \$ _____ Check# _____

All orders must be prepaid. Make checks payable to "SMS Scrip Program". Place order form and payment in an envelope marked "SMS Scrip" and return it to school by Monday morning. Any orders received after Monday will be processed the following week.