

# Saint Patrick School Scrip Order Form

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

Phone: \_\_\_\_\_ E:Mail: \_\_\_\_\_

Please use this form to place your order and return to the school office no later than \_\_\_\_\_ . Cards will be available on \_\_\_\_\_ .

Please make checks payable to: **Saint Patrick School.**

Vendor Name	# of Cards	Denomination	Total \$
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
<b>Total</b>			<b>\$</b>

**Will you accept backorders (please circle):** Yes / No

**How would you like to receive your scrip certificates/cards:**

I will pick them up at the School/Office (recommended)

Please send them home with my child: \_\_\_\_\_ Grade \_\_\_\_\_