



AÉROPOSTALE

BED BATH & BEYOND
Beyond any store of its kind.



St. Raymond School
Specialty Retailer Scrip Cards
ORDER FORM



Name: _____

Phone: _____ Email: _____

SPECIALTY SCRIP ***St Raymond's assumes NO LIABILITY for lost or stolen cards once cards have been delivered. Delivery includes pick-up or handing your child the cards for back pack delivery ***

| RETAILER NAME | DENOMINATION | NUMBER OF CARDS | TOTAL | RETAILER NAME | DENOMINATION | NUMBER OF CARDS | TOTAL | RETAILER NAME | DENOMINATION | NUMBER OF CARDS | TOTAL |
|----------------|--------------|-----------------|-------|---------------------|--------------|-----------------|-------|-----------------------|--------------|-----------------|-------|
| Omaha Steaks | \$25 | _____ | _____ | Outback | \$25 | _____ | _____ | Supercuts | \$25 | _____ | _____ |
| Build a Bear | \$25 | _____ | _____ | Red Lobster | \$25 | _____ | _____ | Williams-Sonoma | \$25 | _____ | _____ |
| Express | \$25 | _____ | _____ | Chili's Bar & Grill | \$25 | _____ | _____ | HomeGoods | \$25 | _____ | _____ |
| Nike | \$25 | _____ | _____ | Olive Garden | \$25 | _____ | _____ | HomeGoods | \$100 | _____ | _____ |
| Marshalls | \$25 | _____ | _____ | Shutterfly | \$25 | _____ | _____ | Cheesecake Factory | \$25 | _____ | _____ |
| Marshalls | \$100 | _____ | _____ | Sears | \$25 | _____ | _____ | Dick's Sporting Goods | \$25 | _____ | _____ |
| Sephora | \$20 | _____ | _____ | Sears | \$100 | _____ | _____ | Crate & Barrell | \$25 | _____ | _____ |
| Eddie Bauer | \$25 | _____ | _____ | Sears | \$250 | _____ | _____ | Crate & Barrell | \$100 | _____ | _____ |
| Macaroni Grill | \$25 | _____ | _____ | Aerospatle | \$25 | _____ | _____ | Dell Computer | \$100 | _____ | _____ |
| | | | | Bed Bath & Beyond | \$25 | _____ | _____ | | | | |
| | | | | Bed Bath & Beyond | \$100 | _____ | _____ | | | | |

TOTAL _____

Payment Option (check one):

_____ Cash
_____ Check Please make your check payable to **St. Raymond School.**

(Check Type)

Expiration date: _____
3 Digit security code: _____
Billing Zip Code: _____

Card Number: _____

Name on Card: _____

Signature: _____ Date: _____

Delivery Option (check one):

_____ Send home with my child

Name: _____

Class Room: _____

_____ Will pick up at school office

Recurring Orders:

If you prefer to set up an automatic monthly SCRIP order, payment is due five days prior.

Deliver on: 1st of the month _____
15th of the month _____

Circle One: Cash Check Credit

I hereby authorize St. Raymond School to charge the above noted credit card for:

_____ months
_____ until June
_____ until I cancel

Signature: _____ Date: _____