



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	_____	_____	\$100	_____	_____	_____
Nike	\$25	_____	_____	Olive Garden	\$25	_____	_____	HomeGoods	\$25	_____	_____
Marshalls	\$25	_____	_____	Shutterfly	\$25	_____	_____	\$100	_____	_____	_____
\$100	_____	_____	_____	Sears	\$25	_____	_____	Cheesecake Factory	\$25	_____	_____
Sephora	\$20	_____	_____	\$100	_____	_____	_____	Dick's Sporting Goods	\$25	_____	_____
Eddie Bauer	\$25	_____	_____	\$250	_____	_____	_____	Crate & Barrell	\$25	_____	_____
Macaroni Grill	\$25	_____	_____	\$100	_____	_____	_____	\$100	_____	_____	_____
				Aerospatle	\$25	_____	_____	Dell Computer	\$100	_____	_____
				\$100	_____	_____	_____				
				Bed Bath & Beyond	\$25	_____	_____				
				\$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: _____