



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
Dunkin Donuts	\$10	_____	_____	Kohl's	\$25 \$100	_____ _____	_____ _____	Chipolte Mexican Grill	\$10	_____	_____
Starbucks	\$10 \$25	_____ _____	_____ _____	Macy's	\$25 \$100	_____ _____	_____ _____	IHOP	\$25	_____	_____
Applebee's	\$25 \$50	_____ _____	_____ _____	JC Penney	\$25 \$100	_____ _____	_____ _____	Walgreens	\$25 \$100	_____ _____	_____
TGI Friday's	\$25	_____	_____	LL Bean	\$25 \$100	_____ _____	_____ _____	TJ Maxx	\$25 \$100	_____ _____	_____
Dave & Busters	\$25	_____	_____	Land's End	\$25 \$100	_____ _____	_____ _____	Home Depot	\$25 \$100 \$500	_____ _____ _____	_____
Panera Bread	\$10 \$25	_____ _____	_____ _____	Old Navy	\$25	_____	_____	Lowe's Home Imprvmt Store	\$25 \$100 \$500	_____ _____ _____	_____
Wendy's	\$10	_____	_____	GAP	\$25	_____	_____	iTunes	\$15 \$25	_____ _____	_____
Burger King	\$10	_____	_____	Children's Place	\$25	_____	_____	Amazon	\$25 \$100	_____ _____	_____
Cold Stone Creamery	\$10	_____	_____	American Eagle Outfitters	\$25	_____	_____	Best Buy	\$25 \$100	_____ _____	_____
Barnes & Noble Booksel	\$10 \$25	_____ _____	_____ _____	Banana Republic	\$25	_____	_____	AMC/Loews Cineplex (Movies)	\$25	_____	_____
CVS Pharmacy	\$25 \$100	_____ _____	_____ _____	J Crew	\$25	_____	_____	Regal Entertainment (Lynbrook Movie Theatre)	\$25	_____	_____
Payless Shoes	\$20	_____	_____	Sports Authority	\$25 \$100	_____ _____	_____ _____				
Bath & Body Works	\$10 \$25	_____ _____	_____ _____	Staples	\$25 \$100	_____ _____	_____ _____				
Game Stop	\$25	_____	_____								
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: _____