



*St. Raymond School  
Supermarket Scrip Cards  
ORDER FORM*





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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*\*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 \*\*\*

**SUPERMARKET SCRIP**

STORE NAME	DENOMINATION	NUMBER OF CARDS	TOTAL
<b>Pathmark</b> 	\$25	_____	_____
	\$50	_____	_____
	\$100	_____	_____
<b>Stop &amp; Shop</b> 	\$25	_____	_____
	\$50	_____	_____
	\$100	_____	_____
<b>King Kullen</b> 	\$25	_____	_____
	\$50	_____	_____
	\$100	_____	_____
<b>Waldbaum's</b> 	\$25	_____	_____
	\$50	_____	_____
	\$100	_____	_____
<b>Cross Island</b> <small>(only fruits &amp; vegetables; excludes independent vendors)</small> 	\$25	_____	_____
<b>TOTAL</b>		_____	_____

**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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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

*I hereby authorize St. Raymond School to charge the above noted credit card for:*  
 \_\_\_\_\_ months  
 \_\_\_\_\_ until June  
 \_\_\_\_\_ until I cancel