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
Pathmark	$25		
	$50		
	$100		
Stop & Shop	$25		
	$50		
	$100		
King Kullen	$25		
	$50		
	$100		
Waldbaum's	$25		
	$50		
	$100		
Cross Island (only fruits & vegetables; excludes independent vendors)	**$25**		
TOTAL			

Payment Option (check one):

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

(Check Type)

MasterCard ☐
VISA ☐

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

Signature: _____ Date: _____

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

_____ months
_____ until June
_____ until I cancel