

## ST. ROBERT PARISH – SCRIP MONTHLY ORDER FORM

(rev. 2/18/2010)

Name:		Order Date:
Phone:	Email:	Check #

*Attach payment. Make checks payable to St. Robert Parish (SCRIP)*

**MONTHLY ORDERS ARE PLACED THE 2<sup>ND</sup> FRIDAY OF THE MONTH, AND ARE AVAILABLE THE FOLLOWING FRIDAY.**  
*(Signature required – see over)*

**PLEASE INDICATE DELIVERY PREFERENCE:**

PARISH OFFICE    SCHOOL OFFICE    SCHOOL FOLDER – **Release Authorization must be completed** (see over)

**♥ LOCAL PARTICIPANTS and FREQUENT REQUESTS**  
(CARDS AVAILABLE IN PARISH OFFICE)

PRODUCT (Our Profit %)	\$ Card Amt.	QTY	Subtotal
♥ SENDIK'S: Downer/Bayside/Elmbrook (5%)	50 / 100		
♥ SENDIK'S: Oakland/Groppi's/Richards (5%)	50 / 100		
♥ SENDIK'S: WFB/Mequon/Grafton/Tosa (5%)	50 / 100		
♥ WHOLE FOODS (5%)	50 / 100		
♥ ALTERRA (10%)	10 / 25		
♥ BAYSIDE GARDENS (10%)	25		
♥ BLIFFERT LUMBER & HARDWARE (5%)	25 / 50 / 100		
♥ B'TWEEN FRIENDS (10%)	20		
♥ CITY MARKET (6%)	10 / 25		
♥ CULVER'S (10%)	10 / 20		
♥ OAKCREST TAVERN (8%)	25		
♥ ST. ROBERT GIFT CERTIFICATE	\$ _____		
♥ WINKIE'S (10%)	5 / 10 / 20		
CVS PHARMACY (6%)	25		
WALGREEN'S (6%)	25 / 100		
WAL-MART / SAM'S CLUB (2%)	25 / 100 / 250		

**WE WILL ORDER FROM ANY VENDORS LISTED AT GREAT LAKES SCRIP**

FOR ADDITIONAL VENDORS GO TO <http://www.glscrip.com> AND ENTER INFORMATION BELOW

PRODUCT (OUR PROFIT %)	\$ CARD AMT.	QTY	SUBTOTAL

<b>ST. ROBERT'S PROFIT</b>	\$	<b>TOTAL ORDER</b>	# CARDS	\$
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## ST ROBERT SCRIP – MONTHLY ORDER AGREEMENT

I am placing the order on the reverse side of this form to be filled on a recurring basis. I understand that this order will be placed on the 2nd Friday of each month. I will be contacted as a reminder to submit payment via check previous to the order submission each month.

If I choose to discontinue this recurring order, I will submit a request in writing to Kathy Wyatt, SCRIP Coordinator.

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Authorizing signature

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Date

## RELEASE AUTHORIZATION

By signing below, I authorize St. Robert School to send the certificate and/or cards home with my child. I realize the school is not responsible for loss of the scrip once it is delivered.

Student Name:	Homeroom Teacher:
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Signature of parent or guardian

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Date

For questions, please contact Kathy Wyatt at 962-5691, or email: [kpwscrip@earthlink.net](mailto:kpwscrip@earthlink.net)

*rev. 2/18/2010*