

# ST. ROBERT PARISH – SCRIP MONTHLY ORDER FORM

(rev.11/15/2022)

Name:		Order Date:
Phone:	Email:	Check #

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

**MONTHLY ORDERS ARE PLACED THE 4th MONDAY OF THE MONTH, AND ARE AVAILABLE THE FOLLOWING MONDAY.**

*(Signature required – see over)*

**PLEASE INDICATE DELIVERY PREFERENCE:**

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

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

PRODUCT (Our Profit %)	\$ Card Amt.	QTY	Subtotal
♥ AMAZON (5%)	25 / 50 / 100		
♥ BP (4%)	25 / 50		
♥ CITY MARKET (6%)	10 / 25		
♥ COLECTIVO (10%) <b>R</b>	10 / 25		
♥ CULVER'S (10%)	10 / 20 / 25		
♥ KOHL'S (5%)	25 / 50 / 100		
♥ SENDIK'S (Nehring's): Downer (5%)	25 / 50 / 100		
♥ SENDIK'S (BALISTRERI'S): WFB ... (5%)	50 / 100		
CVS PHARMACY (6%)	25 / 100		
ROUNDY'S (4%) <b>R</b>	25 / 50 / 100		
SPEEDWAY (4%) <b>R</b>	25 / 50		
STARBUCKS (4.5%) <b>R</b>	10 / 25		
WALGREEN'S (6%)	25 / 50 / 100		
WAL-MART / SAM'S CLUB (2.5%)	25 / 100 / 250		
WHOLE FOODS (3%) <b>E ONLY</b>	25 / 100		

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

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

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

ST. ROBERT'S  
PROFIT

\$
----

**TOTAL ORDER**

# CARDS	\$
---------	----

# MONTHLY ORDER RECORD

Month	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
Filled												
Check #												
Amount												

## 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.

\_\_\_\_\_

Authorizing signature

\_\_\_\_\_

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:
---------------	-------------------

\_\_\_\_\_

Signature of parent or guardian

\_\_\_\_\_

Date

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

*(rev. 11/15/2022)*