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%) ***R***	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%) ***R***	25 / 50 / 100		
SPEEDWAY (4%) ***R***	25 / 50		
STARBUCKS (4.5%) ***R***	10 / 25		
WALGREEN'S (6%)	25 / 50 / 100		
WAL-MART / SAM'S CLUB (2.5%)	25 / 100 / 250		
WHOLE FOODS (3%) ***E ONLY***	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**

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