

Weekly SCRIP Orders

		ORDER Date:			
FAM	ILY NAME:	Child's Name/Grade:			
E-M	ail:	Total Amount \$			
Pho	ne #:	□Check # □Cash			
1)	Choose your SCRIP from the chart below.	How do you want them to be delivered? I hereby give permission to release my SCRIP to the child listed above. I understand that it			
2)	Calculate your total purchase.	will come in the following week's kid mail folder.			
3)	Sign and submit your order with payment to the office (cash or check made payable to St. Matthew SCRIP)	OR Please hold at SCRIP table for me to pick up.			

I will not hold St. Matthew School liable for lost or stolen SCRIP.

REQUIRED Signature: _____

Merchant	Card	# of	Total	Merchant	Card	# of	Total
(store)	Value	Cards	\$ Amount	(store)	Value	Cards	\$ Amoun
Fred Meyer /QFC	\$25			Starbucks	\$10		
Fred Meyer/QFC	\$50			Starbucks	\$25		
Fred Meyer/QFC	\$100			Starbucks	\$50		
Safeway	\$25			Target	\$10		
Safeway	\$50			Target	\$25		
Safeway	\$100			Target	\$50		

Additional Merchants are listed at the stmattschool.org/Fundraising/SCRIP (SCRIP program), and

www.shopwithscrip.com. Write in any other SCRIP cards you would like added to your order on the lines below.

Merchant (store)	Value of Card	Number of Cards	Total \$ Value
	\$		\$

***NOTE:** Write in SCRIP requests MAY take up to 14 days to deliver depending on card availability.

Orders due each Monday no later than 2:00 p.m. for delivery that week.

Please contact the SCRIP Coordinator at scrip@stmattschool.org for more information.

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