

## St. Paul's Scrip Order Form

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Family Name to receive rebate (if different than person ordering):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Check #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_

	Retailer	Quantity	Denomination (Please verify on retailer list)	Total Due
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
	<b>Total:</b>	=====	<b>Total amount of purchase:</b>	<b>\$ -</b>

All orders must be accompanied by a check or money order made payable to **St. Paul PTA**

Please do not send cash. Scrip payments are not tax deductible.

For a full list of participating retailers please go to [www.shopwithscrip.com](http://www.shopwithscrip.com)

More information and program updates available at [www.stpaulbrl.org](http://www.stpaulbrl.org)