




ST. ANN SCHOOL SCRIP PROGRAM WEEKLY SALES ORDER FORM

Purchaser: _____ Phone: _____

Family: _____ Oldest Child: _____ Grade: _____

Retailer	Value	Qty Ordered	Total
GROCERY			
Pathmark	\$ 25		
ShopRite	\$ 25		
	\$ 50		
	\$ 100		
Stop & Shop	\$ 25		
	\$ 100		
ON-HAND RETAILERS			
 Wendy's	\$ 10		
Burger King	\$ 10		
Dunkin Donuts	\$ 10		
KOHL'S	\$ 25		
	\$ 50		
 Macy's	\$ 25		
Lowe's	\$ 25		
Home Depot	\$ 25		
	\$ 100		
Barnes & Noble	\$ 10		
	\$ 25		
Borders	\$ 10		
	\$ 25		
TGIF	\$ 25		
Applebees	\$ 25		
 Chili's / Maggiano's / Macaroni Grill	\$ 25		
Bath & Body Works	\$ 10		
		TOTAL	

Order Delivery Options: *(Select One)*

_____ **PLEASE SEND MY ORDER HOME** with my oldest child.

I understand that once gift cards are given to my child, I assume full responsibility for them in the event they are lost or stolen.

_____ **I WILL PICK UP** my Scrip at the School Office.

SIGNATURE: _____ **DATE:** _____

Note: If the delivery option is not checked and signed above, Scrip will automatically be sent home.

Note: Macy's CANNOT be used to pay charge card balance.