



Date: _____

Inventory Paper Scrip Order Form

MERCHANT	Denom	Return	Qty	Amount	MERCHANT	Denom	Return	Qty	Amount
ARCO	\$50/\$100	1.5%			SAFEWAY 25	\$ 25	4%		
MACY'S 25**	\$ 25	10%			SAFEWAY 100	\$ 100	4%		
MACY'S 100**	\$ 100	10%			STARBUCKS	\$ 25	7%		

MERCHANT	Denom	Return	Qty	Amount	MERCHANT	Denom	Return	Qty	Amount
99 Ranch	\$ 25	6%			Lunardi's	\$ 25	5%		
Barnes & Noble	\$ 25	9%			Marina Market	\$ 10	6%		
Baskin Robbins	\$ 2	9%			Mollie Stones	\$ 20	5%		
Chevron	\$50/\$100	1.5%			Peet's Coffee	\$ 20	8%		
CVS	\$25/\$100	6%			Piazza	\$ 20	4%		
Dennis Uniform	\$ 20	5%			Shell	\$50/\$100	1.5%		
Home Depot**	\$25/\$100	4%			Sports Authority	\$ 25	8%		
Jamba Juice	\$ 10	7%			Target**	\$25/\$100	2%		
Lucky	\$25/\$100	3%			Whole Foods	\$50/\$100	4%		

**no payment on account

TOTAL ORDER:

Parent's Name: _____

Oldest Child's Name: _____ Grade: _____

School Family to Credit: _____
(if different)

- Please make checks payable to **St. Matthew Catholic School**.
 - Return in Wednesday envelope with check, or
 - Submit order with check to Scrip box in School Office.
- Please enclose **exact amount** of this order.

Thank you for your order!

To download this form, visit www.stmatthewcath.org
Any other questions, email stmatsscrip@yahoo.com.

Please check one:

- Pick up in School Office**
 - ◆ Orders submitted by **9am Tuesday**
 - ready **Wednesday morning**
 - ◆ Orders submitted by **Noon Friday**
 - ready **3pm Friday**

Pick up Sunday after Family Mass

Mail to: _____

** Please include self-addressed stamped envelope with your order

I give permission for my child, _____, to pick up my scrip order in the St. Matthew School Office. I understand that I will not hold the Scrip Program responsible for its replacement in the event that it is lost or stolen.

Parent's Signature

Date

Due to orders lost in the mail, we can no longer mail orders **over \$100**. If you are unable to pick up in the School Office or after Family Mass on Sundays, please sign waiver to release order to your child.