

System Scrip Order Form

Customer Name_____ **Date**_____ **Phone #**_____

Apply Scrip credit to: Family/Parish name:_____

Remember to include the Family Name/Parish or the total profit goes into the general fund.

Questions: Aquin (852-3331) Checks payable to: System Scrip

Date Filled_____ **Initials**_____

Check Amount:_____ **Cash Amount:**_____ **Scrip of choice redeemed:**_____

Scrip of choice certificate purchased: \$_____ **Certificate #**_____

Scrip Total \$ _____

Participating businesses and profit percentages are subject to change without prior notice. Immediate availability of certain scrip also subject to change due to increased demand for a particular business. Important—Please call one week ahead for large amounts (\$300 & above) of any business. Please check out <https://www.raiseright.com/> for full list of retailers or to order online through the app.

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