

Retailer (see list)	\$ Denomination	# of Cards	Price

Total Number of Cards: _____	Grand Total: \$ _____
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Family Name: _____ **Email Address:** _____

Phone Number: _____ **Date Submitted:** _____

Delivery Method (please circle one):

Direct hand-off at pick-up	OR	Via Backpack _____ Child's Name & Grade
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Instructions: Please print and complete the form above and send it to the School Office in an envelope marked SCRIP. Please make your check payable to OLL PTL. OLL will make monthly orders of Scrip. Family orders received in the office by the monthly deadline (around the 15th of the month) should be delivered within a week. Family orders received in the office after the 15th of the month will be fulfilled the next month.

For more information, please contact Kerry Bottiglieri at KDauscher@aol.com
 Thank you for your support!