



SCRIP Extended Family and Friends Form 2020-21

Enrollment Code: L3193FBC9287 Scrip Website: www.shopwithscrip.com

St. Mary School participates in a SCRIP program which allows you to purchase gift cards. The cards you purchase through our program generate rebates from participating retailers.

Each family that has a child in grade K-8 is required to purchase \$2000.00 in SCRIP purchases. As an extended family member or friend of a St. Mary School student, you may choose to help them make their goal. Please understand that if you choose to transfer your purchases to a school family all purchases you make will belong to the designated family.

The parties also agree to the following:

- You agree to indemnify us against any loss incurred in connection with any kind of insufficient funds in your account. In addition to the check amount a fee of \$35 dollars will be charged for returned checks and must be paid in cash.
- We make no representation or warranties of any kind with respect to SCRIP.
- I understand that payment must accompany all orders or the order will not be placed.
- I understand the SCRIP gift cards are purchased on my behalf and are not returnable. All sales are final.
- I agree to indemnify St. Mary against any loss incurred in connection with the delivery method of SCRIP cards. St. Mary makes no warranties of any kind regarding SCRIP.
- I understand if the family leaves during the school year or does not return the next year any credits earned will be applied to the St. Mary General Fund.

I understand the above stipulations and agree to transfer the rebates generated from my SCRIP purchases to the following family:

Family Name and Child (ren) names:

My Information: (Please remember to fill out the back of this form)

Name _____

Phone (home) _____ (cell) _____

Email _____

Please designate how you would like your SCRIP released:

_____ School office pick-up

_____ Parish Office Pick-up

_____ With the following student:

Name _____ Grade _____

Please sign and date below to indicate your full acknowledgement of distribution and return to the parish center or school office.

Extended Family member or Friend Signature: _____

Date: _____

Looking for more information:

Learn more about the Scrip Program by visiting www.shopwithscrip. You can also contact your Scrip coordinator at 742-6998.

