

Check # _____ Paid \$ _____

School Family Name _____ Date _____

Family # _____ Phone # _____ Cell # _____

MERCHANT	FACE VALUE	HOW MANY	SUBTOTAL
A&P	\$25.00	X	
	\$50.00	X	
	\$100.00	X	
		TOTAL A&P	
ACME	\$25.00	X	
	\$50.00	X	
	\$100.00	X	
		TOTAL ACME	
SHOP RITE	\$25.00	X	
	\$50.00	X	
	\$100.00	X	
		TOTAL SHOPRITE	
STOP & SHOP	\$25.00	X	
	\$100.00	X	
		TOTAL STOP& SHOP	
TARGET	\$25.00	X	
	\$100.00	X	
		TOTAL TARGET	
KOHL'S	\$25.00	X	
	\$50.00	X	
	\$100.00	X	
		TOTAL KOHL'S	
DUNKIN DONUTS	\$10.00	X	
		TOTAL DUNKIN D'S	

GRAND TOTAL GROCERY SCRIP ORDER \$ _____

(over)

OUR LADY OF LOURDES H.S.A. GROCERY SCRIP

Grocery Scrip orders are due on Scrip Day (Thursday) by 8:15 A.M. Orders maybe submitted on any day; however they are only processed once a week, ON SCRIP DAY. Make sure your order is received in the office no later than 8:15 A.M. on Thursday (SCRIP DAY) so that you can receive your order that same day.

To Order Cards:

1. Choose your store/stores. Fill in the quantity of each denomination needed.
2. Choose a delivery option at the bottom of this order sheet. Be sure to sign and date this form.
3. Return the order form to school in the grocery scrip envelope with one check made payable to Our Lady of Lourdes H.S.A.
4. Do not send cash. OLOL School/H.S.A. is not responsible for any money that is lost, misplaced, or stolen.
5. Do not combine a check for retail scrip order with a check for a grocery scrip order, or enclose both order forms in one envelope. Your order will be delayed. Grocery and retail are processed separately.
6. Your cards will be sent home with your oldest child or if chosen you may pick them up in the School Office between 1:45 A.M. and 2:15 P.M. on Scrip Day. On early dismissal days pick up is between 11:45 A.M. and 12:15 P.M.
7. A new blank order form will accompany your filled order. Extra forms can be found on our School website.
8. We will always try to accommodate the denomination you requested.

ALL CARDS HAVE A DECLINING BALANCE. STORE RECEIPT WILL SHOW THE REMAINING BALANCE.

IMPORTANT

Please check one of the following delivery options:

PLEASE SEND GIFT CARDS HOME with my oldest child. I understand that once the 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 gift cards at the school office.

SIGNATURE _____ DATE _____

*If the delivery option is not checked and signed above, gift cards will automatically be sent home.