St. Ignatius Scrip Order Form

amily Name:				Date:					
hild's Name & Grade:				Phone:	()	Email:			
Vendor	Denomination	Qty	Total (\$)	Checked (√)when filled	Vendor	Denomination	Qty	Total (\$)	Checked (√)when filled
ias					Casual Dining/Food				
rco 1.5%	\$50				Chipotle 10%	\$10			
rco 1.5%	\$100				Dairy Queen 10%	\$5			
rocery					Dos Coyotes 7%	\$25			
aley's/Bel Air 5%	\$50				Ettore's 10%	\$10			
aley's/Bel Air 5%	\$100				Habit Burger 15%	\$25			
afeway 4%	\$25				La Bou 5%	\$10			
afeway 4%	\$100				Leatherby's 10%	\$5			
hole Foods Market 4%	\$25				Papa Murphy's 8%	\$10			
hole Foods Market 4%	\$50				Starbucks 7%	\$25			
hole Foods Market 4%	\$100				Subway 3%	\$10			
					Yo-Yo Yogurt 10%	\$10			
ome Improvement					Retailers				
Home Depot 4%	\$100				Macy's 10%	\$25			
					Target 2%	\$25			
					Target 2%	\$100			
					Walmart/Sam's Club 2.5%	\$25			
					Walmart/Sam's Club 2.5%	\$100			
									Total Amour
Subtotal (\$)		otal (\$)			+	Subtotal (\$	Subtotal (\$)		= \$
Select Payment Method: Cash			or Check # Please make all checks payable to: " <u>St. Ignatius Sc</u>					tius Scrip"	
Complete bottom portion to register	for Standing Orders	***	All Returned	Checks W	ill Be Assessed A \$25 Fe	e***			
			STAND		ER REGISTRATION				
Indicate the items and up in the school office		day mor	ning – weathe	er permitting			Friday of	of each mont	h. (Pick
Special Request:		Sta	rt Month:	St	op Month: (mm/	⁄уу)			
Send home with child	Name of Child:			(Grade:				
	natius School to release r nding receipt of payment		ertificates to my	child. I will not	hold St. Ignatius liable for any los	st, misplaced, or stolen S	crip. Scrip	will be sent ho	me on the

THANK YOU FOR SUPPORTING ST. IGNATIUS SCHOOL