



SAINT PAUL'S PTA SCRIP PROGRAM – ORDER FORM

Last Name:		First Name:			
Family Name (if different than person ordering):					
Address:			Address 2:		
City		State:	Zip:	ID:	Check #:
Date:	Day Phone:	Evening Phone:		Email:	

Received		Retailer	Quantity	Denomination (please verify on retailer list)	Total Due
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				

All orders must be accompanied by a check or money order made payable to St. Paul's PTA . Please do not send cash. Scrip certificate payments are not tax deductible.	Total:		Total Purchase Amount: \$
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For all of the latest program details and updates, visit us online at <http://www.stpaulscrip.org>