got scrip?

ONGOING ORDER _____

Name_____

e-mail_____ **Oldest OLV Child's Name**_____

PREFERRED DELIVERY METHOD **____Pick-up in rectory** **___Pick-up after 10:30am Mass**

____Send home with oldest child **____Pick-up in office** **____Other**_____

ORDERS WILL BE DELIVERED OR AVAILABLE FOR PICK-UP FRIDAYS AFTER 12PM. (NOTE:*If Friday is a holiday, orders will be delivered the next school day prior***)**

Choose from the merchants listed or feel free to write in your own. ☺ For a list of merchants check out the school website at www.olvschooldc.org or www.shopwithscrip.com.

Gift Card Merchant	Total Amount	Frequency *(Circle One)*	Start Date
Safeway (____$100,_____ $25)		Weekly bi-weekly monthly	
CVS (_____$100, _____$25)		Weekly bi-weekly monthly	
Giant (_____$100, _____$25)		Weekly bi-weekly monthly	
Superfresh (_____$100,_____ $25)		Weekly bi-weekly monthly	
Starbucks (_____$10,_____ $25)		Weekly bi-weekly monthly	
Merchant Name (#_____@ $_____amount)		Weekly bi-weekly monthly	
		Weekly bi-weekly monthly	
		Weekly bi-weekly monthly	
		Weekly bi-weekly monthly	
		Weekly bi-weekly monthly	
		Weekly bi-weekly monthly	
		Weekly bi-weekly monthly	
GRAND TOTAL			

PAYMENT: _____I will write a check/give cash **____Please charge my card**

Name on card_____

Card #_____ **¾ digit code**____ _____ _____ _____

Expiration date:_____

Signature:_____