

**St. Francis Elementary School
Scrip Gift Card Order Form**

Date: _____

Family Name _____ Daytime Ph.# _____

Scrip Delivery Instructions (Please check one)

- Please send home with my child/Student's Name _____ Grd. _____
- Please leave in Extension
- I will pick up in the office
- Other (Please describe) _____

For a full listing of scrip available for order, please visit our website www.stfranciselem.org.

				For Office Use only
Retailer	Cost of Card	# Cards Ordered	Tot. \$ Amt.	# Cards Rev'd
Total \$				

Checks may be made payable to St. Francis Elementary. Sorry – Credit cards are not accepted for scrip purchases.

Order filled by (Please Initial): _____ Date: ____/____/____

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