



Recurring Scrip Gift Card Monthly Order Form

Family Name: _____

E Mail for reminder that cards will be ordered: _____

Send home with: _____ in classroom: _____ OR

Call _____ and I will pick up in office.

Please circle the amounts that you would like automatically ordered each month for you. Fill in others from our full list online to the right.

Store	Amount	Quantity
American Express – 1.5%	\$25	
	\$100	
	\$200	
Dunkin Donuts – 3%	\$10	
	\$25	
Sam’s Club/Walmart – 2.5%	\$25	
	\$100	
	\$250	
ShopRite – 5%	\$25	
	\$50	
	\$100	
Starbucks – 7%	\$10	
	\$25	
Stop & Shop – 4%	\$25	
	\$50	
	\$100	
Target – 2%	\$25	
	\$100	

Fill in other cards from the full list:

Store	Amount	Quantity

By submitting and signing this form, you agree to pay the amount necessary to receive the cards each month. You may order additional cards by using the order form that can be found on our website.

Each month, checks should be made out to SRL PTA and sent to the office, attention: scrips. When payment is received, the cards will be released.

Print Name: _____

Signature: _____

Date: _____

This will be considered an agreement through the final June order.