

Geibel Catholic SCRIP Order Form a/o 6/01/2009

Name:	Phone Number:	
Date of Order:		
Tuition Credit to:		
Please send my SCRIP home with:		
I will pick up my SCRIP at GCHS on:		
	Family Profit	Total Purchase
Total Column 1:	\$ _____	\$ _____
Total Column 2:	\$ _____	\$ _____
Grand Total:	\$ _____	\$ _____
FOR OFFICE USE ONLY		
Date Filled:		Order filled by:
Check #:	Cash:	

For a complete list of participating retailers, visit www.glscrip.com. Click on Retailer List. Look at Print A List. Click on Alphabetical.