SCRIP Order Form

Your information **(PLEASE PRINT CLEARLY)**:

Name:

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

How it works:

* Purchase a SCRIP retail gift card at FULL face value (Eckstein PTSA automatically receives earnings of 3-15% depending on the retailer).
* Amazon ($100), PCC ($10), Safeway ($25/$50), Starbucks ($25) and Target ($50/$100) cards are always available. Special orders will be grouped together and ordered once a month.
* For additional options, go to [www.shopwithscrip.com](http://www.shopwithscrip.com) for hundreds of additional retailers. Write your special order requests in the spaces available below.

* Complete order form.
* Make checks payable to ***Eckstein PTSA*** and return this form to the Eckstein main office. Credit cards will be accepted for an additional ***3.5% fee***.
* Orders will be batched and processed twice a month and delivered to the main office at Eckstein. You will receive an email when your cards are ready. Cards must be signed for before they can be released, once signed for the cards are no longer the responsibility of the PTSA.

|  |  |  |  |
| --- | --- | --- | --- |
| **Retailer** | **Card Amount** | **Quantity** | **Total** |
| Amazon |  |  |  |
| PCC |  |  |  |
| Safeway |  |  |  |
| Starbucks |  |  |  |
| Target |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Add 3.5% if using a credit card $   
 ***Grand Total*** $

**Credit Card Payment Information:** (Visa/MasterCard/AMEX) – Include 3.5% fee in total, please.

Amount (***Grand Total*** from above): $

Credit Card #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CVV:

Name as it appears on Credit Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN THIS FORM TO ECKSTEIN’S MAIN OFFICE. THANKS!  
If you have any questions, please contact Laura Spring at laura@springnet.org**