



# ALL SAINTS CATHOLIC SCHOOL

Growing Leaders in Mind, Body, and Spirit

## SCRIP PROGRAM AGREEMENT

All Saints Catholic School (referred to herein as "we," "us" and "our") sponsors a scrip program which allows you to purchase SCRIP. The SCRIP you purchase through our program generates rebates from the participating retailers. These rebates can be used as a credit to your tuition account, cash back to you, and/or a gift to the school. The parties agree as follows:

1. Rebates earned will be used in the following ways:
  - a. [ 50 ] % will be retained for running the SCRIP program (NOT deductible)
  - b. \_\_\_\_\_ % as a charitable contribution to the school (potentially deductible)
  - c. \_\_\_\_\_ % as tuition credit for the following school family: \_\_\_\_\_
  - d. \_\_\_\_\_ % as tuition credit for the following school family: \_\_\_\_\_
  - e. \_\_\_\_\_ % as tuition credit for the following school family: \_\_\_\_\_
  - f. \_\_\_\_\_ % as tuition credit for the following school family: \_\_\_\_\_
  - g. \_\_\_\_\_ % as a cash rebate to you (NOT deductible)

**Total: 100%**

Cash rebates requested will generally be distributed before September 1<sup>st</sup>.

With respect to your charitable contributions, we will provide you with all required acknowledgements under sections 170(f)(8) and 170(f)(17) of the Internal Revenue Code.

You agree to indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the checks or ACH transfers you issue to pay for your scrip. We make no representations or warranties of any kind with respect to the scrip. This agreement continues unless replaced by another, and can be terminated by either of us upon 60 day's advance notice to the other.

Please sign and date below to indicate your acknowledgement of this agreement.

Purchaser's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
(referred to herein as "you" and "your")

Date: \_\_\_\_\_

Address: \_\_\_\_\_

ACKNOWLEDGE: All Saints Catholic School

By: Kristen Strausbaugh, Principal  
[Authorized Person's Name & Title]

Date: April 1, 2015



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2016-2017 SCRIP Pick-Up Authorization Form

I, \_\_\_\_\_ (*please print your first and last name*), authorize All Saints Catholic School to send my SCRIP order home with my child, \_\_\_\_\_ (*please print your child's first and last name*), in Mr./Mrs./Ms. \_\_\_\_\_'s class, grade \_\_\_\_\_. I understand this authorization will be kept on file and will be in effect until other written instructions are received. I understand SCRIP is like cashx and cannot be replaced or refunded if lost or stolen. I also understand by signing this agreement, I will not be required to provide a signature confirming receipt and accuracy of my SCRIP order. I understand that I may revoke this authorization in writing at any time. I agree to these terms with my signature below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date