ST. KILIAN SCRIP

262-673-3081 ext 121 428 FOREST STREET, HARTFORD WISCONSIN 53027

Scrip Standing Order Form

Name: _____ Home phone: _____

Address: _____ Work phone: _____

_____ Cell phone: _____

Scrip Certificates to Order:

Vendor	$ Value	Quantity	Total $

GRAND TOTAL $_____

Ordering Options:

☐ Weekly beginning (date) _____
☐ Bi-Weekly beginning (date) _____
☐ Monthly beginning (date) _____

Date must be a Monday for ordering purposes.

Method of Receiving $crip Order:

☐ Pick-up
☐ Send Home with Child _____ Grade_____ (per signed Waiver)
☐ Other: _____ (specify)

I request that St. Kilian Scrip order the above Scrip Certificates on a Standing Order basis to be received as indicated above. I understand and agree to provide a payment of **$**_____ (total amount) to St. Kilian Scrip prior to or upon receipt of my Standing Order. I agree to provide seven days notice prior to the ordering date to cancel a Standing Order. (Ordering dates are on Mondays.)

_____ _____

Date Signature

10/14/13