ST. MARY'S CHURCH
SCRIP PROGRAM

ORDER FORM

Name:_____ Telephone No._____

Please order the following Scrip card(s). I have attached my check/payment in the amount of

$_____

Date Submitted_____
(I understand that the card(s) will be available for pickup the weekend following my order.)

Company Name	Card Value	Quantity	Total

(Please hand in this form to the Scrip workers in the back of church.)

(Scrip order form 10.16.08)