

# ST. MICHAEL'S SCRIP PROGRAM

## Enrollment/Waiver Form

Family Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ MI Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

I (we) will take responsibility for all SCRIP orders upon accepting delivery.

Great Lakes Scrip Center and St. Michael's will not be responsible for any lost or misplaced certificates as a result of theft or loss after delivery has been made.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**50% of all SCRIP PROFIT will be applied to the Parish General Fund. I would like the other 50% of the credit to be applied to:**

\_\_\_\_\_ Building Fund

\_\_\_\_\_ Endowment Fund

\_\_\_\_\_ 100% General Fund

\_\_\_\_\_ Mission Trip/World Youth Day

\_\_\_\_\_ Religious Ed. Fees

\_\_\_\_\_ School Donation

\_\_\_\_\_ Tuition

\_\_\_\_\_ Kitchen Renovation

As a school family, if you would like your SCRIP order sent home please indicate

\_\_\_\_\_ NO \_\_\_\_\_ YES, with whom \_\_\_\_\_

**Please remember, SCRIP certificates are CASH. When given to your child, this is "accepting delivery".**