

What is Scrip?



Gift cards you purchase, dollar for dollar, @ no cost to you. Plus you earn 60% of the **rebate** on every purchase (checks distributed twice per year in May and November). Your purchase(s) also helps the school earn rebates to keep costs down.

Shop in two ways



- 1.) Place orders via paper Scrip order form (available @ school or church)
- 2.) Place orders online, from a desktop or smartphone at

www.raiseright.com

* Physical Cards in stock (listed on paper order sheet) are delivered twice a week., Non-stock cards are ordered Mondays @ 8am and are ready for delivery or pick-up Friday.

Three ways to pay



- 1.) Write a check to St Peter Scrip
- 2.) Pay with Cash
- 3.) Set up Prestopay on the RaiseRight website or app (auto withdrawals).
 - Bank Account
 - Debit Card
 - Credit Card

Want an online account to shop, buy Physical Gift Cards, buy Reloadable Gift Cards, buy eGift Cards & track your earnings?

Contact Crystal Gehl @ scrip@stpeterslinger.org (Volunteer Scrip Coordinator)

Internet resources to use



- 1.) www.raiseright.com - Scrip's main website to track history, place orders, reloads, etc.
- 2.) [Raiseright App](#)...add as shortcut to Smart phone or use on desktop computer to quickly access account to purchase Physical cards, Ecards, Reload cards (once card is registered on www.raiseright.com).

*Both sites use the same username & password.

Scrip Agreement

Enrollment Form - Purchasing Person Information

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone OR Cell Phone _____ - _____ - _____

____ Check here if you'd like an Online account created. A temporary password will be emailed to you. Prestopay can then be set up under "Family Functions", "payment options".



____ Check here if you set up an Online account with the QR Code already.

The purchasing person agrees as follows:

For administering the Scrip program, St Peter Catholic School will retain 40% of the Scrip Rebates received from your Scrip purchases as an administration fee. We agree to apply the balance of your 60% of the Scrip Rebates received from your Scrip purchases to **ONE** of the choices

_____ Cash Rebate to Purchasing Person (Checks cut May & November)

_____ Charitable contribution to parish (circle one)

St. Peter Resurrection St. Lawrence

_____ Charitable contribution to St. Peter Catholic School (Choose one)

_____ School Tuition Assistance Fund

_____ Designated Family (ies) (Max. 2 families)

Name of Family _____

Name of Family _____

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 their 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 can be terminated by either of us upon 60 days advance notice to the other.

If at any time you want to make a change to the agreement form, you will need to fill out a new form and sign it.

I WOULD LIKE TO PICK UP MY COMPLETED SCRIP ORDERS AT:

School Office OR Church (circle one)

_____ Family
First Name & Last Name:

_____ Date _____
Signature

Please return completed forms to school office or Scrip table at Church.

-OR- (complete top OR bottom this side)

PERMISSION FORM FOR SCRIP DELIVERY TO CHILD OR COMPLETED SCRIP ORDER PICK UP LOCATION

I, _____ (Parent / Guardian)

give permission to St. Peter Catholic School to deliver SCRIP which I have ordered from parish/school to my

_____ (CHILDS NAME & GRADE)

I understand that my child/ward will be responsible for the safe transport of the SCRIP from school to my home and certify that I have discussed the responsibilities associated with the transport of the SCRIP with the child/ward. I further understand that I have the option of personally picking up my SCRIP orders from the parish/school rather than having my child/ward transport it. I agree that once the parish/school delivers the SCRIP to my child/ward that the parish/school is not responsible for any SCRIP which is lost, stolen or misplaced. I hereby waive any right to recovery that I may have against the parish/school for SCRIP which is lost, stolen or misplaced after it is given to my child/ward.

This agreement is effective until new documented change is made.

_____ Date _____
Parent/Guardian Signature

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

Print First and Last Name _____

_____ Date _____
Purchaser's Signature

Contact Crystal Gehl @ scrip@stpeterslinger.org with any questions.

For Office Use:

Date Added to Raise Right: _____