SMCS Scrip User Agreement

St. Mary Catholic Schools
Grades P3-12
A Community Inspiring Success

RaiseRight
Formerly ShopWithScrip

All Scrip orders need to be placed online and paid for no later than 9:00 am on Monday for delivery that Thursday. Select your card delivery method and your scrip credit designation by filling out this User Agreement and returning it to any SMCS school or email to scripusers@smcatholicschools.org.

RAISERIGHT CUSTOMER NAME: _____

DELIVERY METHOD (Choose one):

[___] Send Home with my Student (Name):_____at School:_____

[___] I will pick up at School (select):
- [___] SMC High School, Neenah
- [___] SMC Middle school, Neenah
- [___] St. Gabriel Elementary, Neenah
- [___] St. Margaret Mary Elementary, Neenah
- [___] St. Mary Elementary, Menasha

[___] I will pick up at a Parish (select):
- [___] St. Gabriel Parish, Neenah
- [___] St. Margaret Mary Parish, Neenah
- [___] St. Patrick's Parish, Menasha

Summer Delivery: In the summer, all school deliveries **default to the SMCS Administrative Office in the high school, 1050 Zephyr Drive, Neenah, door #13.** (If a parish is your primary delivery, there is no change in the summer.)
** If you don't want to pick up at the SMCS Admin Office in the summer, choose a parish for "summer delivery" here:
[__] St. Gabriel Parish [__] St. Patrick's Parish [__] St. Margaret Mary Parish

SCRIP CREDIT I want my Scrip credit to go to:

[___] My SMCS Tuition Account
[___] A different SMCS family's tuition account:

Name of family or split between families:	% to give
_____	_____
_____	_____
_____	_____

[___] St. Margaret Mary Parish
[___] St. Margaret Mary Parish Religious Formation for (child name):_____
[___] St. Gabriel Parish
[___] St. Gabriel Parish Faith Formation for (child name):_____
[___] St. Patrick's Parish
[___] St. Patrick's Parish Faith Formation for (child name):_____
[___] Choose: SMCS Scholarship Fund, Annual Fund, Booster, Fine Arts, other (specify one):_____

INITIAL

_____ 1. I understand my orders need to be placed and paid for no later than 9:00 am on Monday for delivery that same week. If I do not submit payment for an order within 2 weeks, it will be cancelled.
_____ 2. I understand that any returned payments will incur a $30.00 fee and must be repaid within 30 days. Failure to repay may result in a suspended Scrip account.
_____ 3. I understand that Scrip gift cards are to be treated like money and SMCS is **NOT** responsible for any lost or stolen cards.
_____ 4. I understand it is my responsibility to communicate with the retailer regarding any problems I might have with the cards.
_____ 5. I understand that if I need to return a Scrip card, I will be charged a restocking fee of 5% of the card value with a minimum of $5.00, as well as paying any shipping charges to send the cards back to RaiseRight Great Lakes.

SIGNATURE: _____ **DATE:**_____