St. Joseph School Scrip Order Form

Name: _____ Date_____ Phone# _____ Total _____

_____ Tuition Credit For:_____ _____ School Necessities

Method of pick-up: Will pick up at school/parish office/after mass_____ Send with student _____

Disclaimer (must be signed if sent with student):
_____I hereby authorize St. Joseph School to release my gift certificates to:_____

Your Signature:_____

%	Merchant	$	QTY	$	QTY	$	QTY	$	QTY	TOTAL

Thank you for supporting St. Joseph School and parish!!!