

1. Rebates earned will be used in the following ways:

a. 50 % will be retained for running the scrip program (NOT deductible)

## HOLY FAMILY SHOOL RAISE RIGHT SCRIP AGREEMENT FORM 20\_\_\_\_- 20\_\_\_



Holy Family School (referred to herein as "we," "us" and "our") sponsors a scrip program which allows you to purchase scrip. The scrip you purchase through our program generates rebates from the participating retailers. These rebates can be used as a credit to your tuition account, cash back to you, and/or a gift to the school. The parties agree as follows:

b	% as a charitable contribution to the school (potenti	ally deductible)		
c	% as tuition credit for the following school family:			
d	% as tuition credit for the following school family:			
Total: 10	: 100%			
	crip program distributes the rebates one time per year in the es toward their tuition will receive the 2020 rebates f			se to use SCRIP
	respect to your charitable contributions, we will provide you (8) and 170(f)(17) of the Internal Revenue Code.	vith all required	d acknowledgemer	its under sections
Terms a	s and Conditions of PrestoPay and check orders:			
2. Shoul	uagree to use <u>sufficient funds</u> directly in your bank account fo buld there be insufficient funds and your order is canceled, yo ble to Holy Family School before you place your next order via	u will be respon	sible for the \$30 fo	
amount	ould there be insufficient funds and your order has already be nt of the gift certificate purchase, plus the \$30 overdraft fee, order is placed via PrestoPay or by check.		•	
account	uagree that the first time an order is placed by PrestoPay or b int will be "locked" and we will not accept check or PrestoPay Family School.	•	· •	•
5. If any 6. Purch	ny overdraft fees have not been paid in full it will be added to chaser is aware that a \$.15 charge will be added to their tota urchase \$100 in gift cards your account will be charged \$100.	purchase each	-	
cover th with res	gree to indemnify us against any loss incurred in connection we the checks or ACH transfers you issue to pay for your scrip. We respect to the scrip. This agreement continues unless replaced 60 day's advance notice to the other.	/e make no repr	resentations or wa	rranties of any kind
Please si	e sign and date below to indicate your acknowledgement of t	nis agreement.		
Purchase	aser's Signature:			
Printed	ed Name: Date:(referred to herein as "you" and "you"	ır")		
Address	ess:			
ACKNOV	OWLEDGED: Holy Family School SCRIP Program			
Ву:		ate:	_20	
	Chuck Wright, Business Manager			



## HOLY FAMILY SCHOOL RAISE RIGHT SCRIP PICK-UP WAIVER FORM 20\_\_\_\_-20\_\_\_SCHOOL YEAR



Date:
Raise Right SCRIP Customer Phone Number:
Raise Right SCRIP Customer E-mail Address:
I understand that <b>HOLY FAMILY SCHOOL</b> requires Raise Right SCRIP program participants to pick up Raise Right Scrip orders in person. I hereby authorize <b>HOLY FAMILY SCHOOL</b> to use the following alternate delivery method (check all that apply):
[ ] Send my Raise Right SCRIP order home with the following student:
Student Name and Grade
[ ] Send my Raise Right SCRIP order home with the following parent:
Parent Name
[ ] I will pick up my Raise Right SCRIP order.
In addition to authorizing the alternate delivery method listed above, I understand that I take full responsibility for the security of any order delivered by these methods, and I hold harmless <i>HOLY FAMILY SCHOOL</i> for loss, theft or any other disappearance of scrip orders once they are delivered in good faith via one of the methods listed above.

Signature \_\_\_\_\_ Date \_\_\_\_