Saints Peter and Paul Script

Name: _____ *I will pick up my order:* _____

Address: _____ *My child* _____ *has my permission*

_____ *to bring home my SCRIP order.* Class _____

Phone: _____ *x* _____

Parent Signature

To view the list of available vendors, go to: http://www.glscrip.com *Click on the retailer's list tab*

Store Name		***Denomination***	***How Many***	***Total $***
Culver's Restaurant		$5 $10		
Collinsville Sports Store		$10		
Ravanelli's Restaurant (Granite City & Collinsville)		$10 $25		
SSPP Generic Scrip Gift Certificates		$10 $25		
Total Order				**$**

Enclose check made payable to Parents & Friends or complete credit card information below.
Thank you for your support!

Credit Card information

Circle One: MasterCard Visa

Zip Code(where bills are received): _____

Name(as it appears on card): _____

Exp. Date _____

Credit Card #: _____

Signature: _____