RAISE RIGHT (SCRIP)

SHOPPING CARD ELECTION FORM

ST. JOHN SCHOOL

PLEASE FILL OUT THIS FORM AND RETURN TO THE SCHOOL

FIRST AND LAST NAME:

ADDRESS:

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE DIRECT MY REBATES FROM THE SHOPPING CARD PROGRAM TO THE FUND INDICATED

OPTION 1: 100% FAMILY TUITION FUND FOR THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAMILY

OPTION 2: PLEASE ALLOCATE MY SCRIP PROFITS AS FOLLOWS:

%TO THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAMILY/FUND

%TO THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAMILY/FUND

%TO THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAMILY/FUND

OPTION 3: FUNDS TO BE DIRECTED AT A LATER DATE FOR A "FUTURE DESIGNEE"

OPTION 5: ST JOHN CENTRAL SCHOOL TUITION ASSISTANCE FUND -TO BENEFIT FAMILIES THAT NEED TUITION ASSISTANCE WHILE SENDING CHILDREN TO ST JOHN’S SCHOOL.

Rebates may only be used for one of the above options. There will not be any refunds.

By signing below, I deem the above the beneficiary of all rebates I earn from the Shopping Card Program. I fully understand all rules and regulations of the program and realize I may have a copy at my request. I also recognize that I may change the designee for my rebates in the future, but all previous elections will be as stated on this form.

SIGNATURE DATE