

SCRIP ORDER FORM

Purchaser's Name: _____ Date: _____

Daytime Phone: _____

Email Address: _____ (only for providing updates to the scrip program)

If you are sending your order with payment to school, would you prefer to:

Pick up your order in the school office?

Have it sent home with your child? Teacher/Class: _____

One half of the profit earned with this Scrip purchase goes to Immanuel Lutheran School. *Please designate where the other half of the profit should be directed:*

Immanuel School & 4K Tuition – name of responsible parent: _____

Tuition for Higher Education/Other School – name of parent: _____

Immanuel Lutheran School

Save for future educational needs

Immanuel Lutheran Church

St. Luke's Lutheran Church

Immanuel Mission Trip Fund

St. Luke's Preschool & 4K - General

Immanuel Technology Fund

St. Luke's Preschool & 4K - Tuition

Immanuel Youth Group

St. Luke's Student Assist. Fund

Kersten Tuition Assistance Fund

St. Luke's Youth Group

Moving Toward Tomorrow Fund

Other _____

***Please note that profits for the **entire year** (July-June) will go into one account unless otherwise specified. If changing your designated account, please check the box at the top of page on reverse side.

SCRIP GIFT CERTIFICATE Order Form

Purchaser's Name: _____ Date: _____

Certificate Number _____ @ \$ _____

Certificate Number _____ @ \$ _____

Certificate Number _____ @ \$ _____

Certificate Number _____ @ \$ _____

Certificate Number _____ @ \$ _____

Total \$ _____

Office Use

Date order filled: _____ Check Number: _____ Cash: _____

Order Entered: _____ Scrip Certificate Number Redeemed: _____

Any special instructions: _____