



## **Gabriel Richard High School**

### **SCRIP PROGRAM AGREEMENT 2019-2020 SCHOOL YEAR**

Gabriel Richard High School (referred to herein as “we,” “us” and “our”) sponsors a SCRIP program which allows you to purchase SCRIP gift cards. 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 that Rebates Earned will be used in the following ways:

- a. 10% % will be retained for running the scrip program (NOT deductible)
- b. 45% % will be retained in the school's General Fund

Family's Rebate Designation:

- c. \_\_\_\_\_ % as a charitable contribution to the school (potentially deductible)
- d. \_\_\_\_\_ % as tuition credit for the following school family: \_\_\_\_\_
- e. \_\_\_\_\_ % as tuition credit for the following school family: \_\_\_\_\_
- f. \_\_\_\_\_ % as a cash rebate to you (NOT deductible)

Total Rebates = 100%

Our scrip program distributes the rebates **1** time a year in the month of **March**.

With respect to your charitable contributions, we will provide you with all required acknowledgements under sections 170(f)(8) and 170(f)(17) of the Internal Revenue Code.

You agree to indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the checks or ACH transfers you issue to pay for your SCRIP. We make no representations or warranties of any kind with respect to the SCRIP. This agreement continues unless replaced by another; and can be terminated by either of us upon 60 day's advance notice to the other.

Please sign and date below to indicate your acknowledgement of this agreement.

Purchaser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ (referred to herein as “you” and “your”)

Address: \_\_\_\_\_

ACKNOWLEDGED: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_ [Authorized Person's Name & Title]



## **Gabriel Richard High School**

SCRIP PICK-UP WAIVER  
2019-2020 SCHOOL YEAR

Date: \_\_\_\_\_

SCRIP Customer Name: \_\_\_\_\_ (Please Print)

SCRIP Customer Phone Number: \_\_\_\_\_

SCRIP Customer E-mail Address: \_\_\_\_\_

I understand that Gabriel Richard High School requires SCRIP program participants to pick up SCRIP orders in person. I hereby authorize Gabriel Richard High School to use the following alternate delivery method (check all that apply):

☐ Send my SCRIP order home with the following student:

\_\_\_\_\_. Student Name and Grade

☐ Send my SCRIP order home with the following parent:

\_\_\_\_\_. Parent Name

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 Gabriel Richard High School 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 \_\_\_\_\_