

ST. JOHN SCRIP ORDER FORM

STORES

1.5%	AMAZON.COM	\$ 10 X	=	
		\$ 25 X	=	
		\$ 50 X	=	
		\$ 100 X	=	
8%	BARNES & NOBLE	\$ 10 X	=	
12%	BATH & BODY	\$ 10 X	=	
4%	BEST BUY	\$ 25 X	=	
8%	DICK'S SPORTING	\$ 25 X	=	
5%	FLEET FARM	\$ 10 X	=	
		\$ 25 X	=	
		\$ 50 X	=	
		\$ 100 X	=	
7%	HOME DEPOT	\$ 25 X	=	
		\$ 100 X	=	
5%	KOHL'S	\$ 10 X	=	
		\$ 25 X	=	
		\$ 100 X	=	
4%	MENARDS	\$ 25 X	=	
		\$ 100 X	=	
4%	MICHAELS	\$ 25 X	=	
5%	OFFICE MAX	\$ 25 X	=	
14%	OLD NAVY	\$ 25 X	=	
2.5%	TARGET	\$ 10 X	=	
		\$ 25 X	=	
		\$ 50 X	=	
		\$ 100 X	=	
7%	TJ MAXX	\$ 25 X	=	
4%	ULTA BEAUTY	\$ 25 X	=	
5%	WALGREENS	\$ 25 X	=	
		\$ 100 X	=	
2.5%	WALMART /	\$ 10 X	=	
	SAM'S CLUB	\$ 25 X	=	
		\$ 100 X	=	

ENTERTAINMENT

5%	APPLE	\$ 15 X	=	
8%	MARCUS	\$ 25 X	=	

SPECIAL ORDERS NOT INCLUDED ON FORM

_____	\$	___ X	=	_____
_____	\$	___ X	=	_____
_____	\$	___ X	=	_____

RESTAURANTS

8%	APPLEBEES	\$ 25 X	=	_____
8%	ARBY'S	\$ 10 X	=	_____
8%	BUFFALO WW	\$ 10 X	=	_____
		\$ 25 X	=	_____
5%	CARLS JR(HARDEES)	\$ 10 X	=	_____
4%	BURGER KING	\$ 10 X	=	_____
9%	CHIPOTLE	\$ 10 X	=	_____
		\$ 25 X	=	_____
10%	CULVERS	\$ 5 X	=	_____
		\$ 10 X	=	_____
		\$ 25 X	=	_____
10%	EDGAR FAMILY	\$ 10 X	=	_____
	RESTAURANT	\$ 25 X	=	_____
5%	MCDONALDS	\$ 10 X	=	_____
		\$ 25 X	=	_____
8%	OLIVE GARDEN	\$ 25 X	=	_____
8%	PANERA BREAD	\$ 10 X	=	_____
8%	RED ROBIN	\$ 25 X	=	_____
4.5%	STARBUCKS	\$ 10 X	=	_____
4.5%	SUBWAY	\$ 10 X	=	_____
5%	TACO BELL	\$ 10 X	=	_____
8%	TEXAS ROADHOUSE	\$ 25 X	=	_____

GAS STATIONS

1.5%	BP GAS	\$ 50 X	=	_____
4%	CIRCLE K	\$ 25 X	=	_____
4%	KWIK TRIP	\$ 25 X	=	_____
	<i>*see below for KT Grocery</i>	\$ 100 X	=	_____
1.5%	SHELL GAS	\$ 25 X	=	_____

GROCERY STORES

3%	HY VEE	\$ 25 X	=	_____
		\$ 100 X	=	_____
5%	EDGAR IGA	\$ 25 X	=	_____
		\$ 50 X	=	_____
3%	FESTIVAL	\$ 25 X	=	_____
		\$ 50 X	=	_____
10%	KWIK TRIP GROCERY	\$ 25 X	=	_____
3%	PIGGLY WIGGLY	\$ 25 X	=	_____

MISC.

1.25%	VISA	\$ 25 X	=	_____
		\$ 50 X	=	_____
		\$ 100 X	=	_____

*** THANK YOU FOR YOUR ORDER !!!

NAME _____

AMOUNT RECEIVED \$ _____

METHOD OF PAYMENT: () CASH AMT \$ _____

() CHECK CHECK# _____ PHONE _____

***Make checks payable to St. John SCRIP

() GIFT CERTIFICATE # _____ DATE _____

PAYMENT RECEIVED BY: _____

OK TO SEND HOME WITH CHILD? YES ___ NO ___ NAME OF CHILD _____ GRADE _____

Parents/Grandparents of St. John School students only 1 July 2026~4 April 2027

Name of family to receive assistance credit _____