

ST. JOHN SCRIP ORDER FORM

STORES

1.5%	AMAZON.COM	\$ 10 X	=	
		\$ 25 X	=	
		\$ 50 X	=	
		\$ 100 X	=	
8%	BARNES & NOBLE	\$ 5 X	=	
		\$ 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	=	
12%	DOMINO'S	\$ 10 X	=	
10%	EDGAR FAMILY	\$ 10 X	=	
	RESTAURANT	\$ 25 X	=	
5%	MCDONALDS	\$ 10 X	=	
		\$ 25 X	=	
8%	OLIVE GARDEN	\$ 25 X	=	
8%	PANERA BREAD	\$ 5 X	=	
		\$ 10 X	=	
8%	RED ROBIN	\$ 25 X	=	
4.5%	STARBUCKS	\$ 5 X	=	
		\$ 10 X	=	
4.5%	SUBWAY	\$ 10 X	=	
5%	TACO BELL	\$ 5 X	=	
		\$ 10 X	=	
8%	TEXAS ROADHOUSE	\$ 25 X	=	

GAS STATIONS

1.5%	BP GAS	\$ 50 X	=	
4%	CIRCLE K	\$ 25 X	=	
		\$ 100 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	=	

NAME _____

METHOD OF PAYMENT: () CASH AMT \$ _____

*** THANK YOU FOR YOUR ORDER !!!

() CHECK CHECK# _____

***Make checks payable to St. John: AMOUNT RECEIVED \$ _____

() GIFT CERTIFICATE # _____

PAYMENT RECEIVED BY: _____ PHONE _____

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

Parents/Grandparents of St. John School students only

Name of family to receive assistance credit _____

1 July 2026~4 April 2027