

St. Anne's School/Church

SCRIP Participation Agreement ~ 2018-2019 School Year

Participants' Name (Please print): _____

(referred to herein as "you" and "your")

Street _____ City _____ State _____ Zip: _____ Phone #: _____

Email Address: _____

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St. Anne's School/Church (referred to herein as "St. Anne's") sponsors a scrip program that allows participants to purchase gift cards at a reduced cost, generating rebates from participating retailers. These rebates may be retained in cash by the participant or contributed to St. Anne's for use consistent with this Scrip Participation Agreement.

1. To reimburse St. Anne's for costs incurred with the administration of the scrip program, St. Anne's will retain 1% of rebates generated as a result of your purchases as an administrative fee. (This amount is NOT tax deductible as a charitable contribution.)

2. Participant and St. Anne's agree that the balance of all rebates shall be allocated as specified below (please indicate where the remaining 50% of your rebates should be designated):

49% of the balance as charitable contribution to St. Anne's (this contribution is potentially deductible as a charitable contribution)

Balance credited to the following tuition account(s), allocated to the accounts according to the designated percentages. In lieu of a tuition account, you may list specifically St. Anne's Church, St. Anne's School and/or St. Anne's School Scholarship Fund

% of balance to account of _____

% of balance to account of _____

% of balance to account of _____

% of balance to account of _____

% of the balance refunded to me in cash (NOT deductible as a charitable contribution)

**This scrip program distributes accumulated rebates annually on May 31th. **

3. I am a "future family" and I understand that my funds will be held until my child is registered for Kindergarten or beyond.

Child's Name _____ Anticipated year of entry at St. Anne's (K-5 only) _____

4. I choose to have my SCRIP cards sent home with my child after school.

DISCLAIMER: You authorize the Scrip Coordinators to release your Scrip gift certificates to the child named below. You will not hold St. Anne's or the Scrip Coordinators responsible for any lost or misplaced certificates as a result of your child's actions.

Child's Name: _____ Grade _____

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

I have read this SCRIP Participation Agreement Form and agree to abide to all of the policies set up by St. Anne's Scrip.

Participant's Signature: _____ Date: _____

St. Anne's will provide participant with acknowledgments required by Internal Revenue Code Sections 170(f)(8) and 170(f)(17) upon request.