

BUY SCRIP!

Support Geshher when you do your grocery shopping!

***Scrip is available in the Geshher office... anytime!
There's no extra cost to you and
Geshher receives 3-5% of the amount purchased!***



*Please fill out the form below and return to the Geshher office.
Make checks payable to "Geshher Jewish Day School"*

Scrip Order Form

Name: _____

Telephone: _____

Email: _____

Scrip Denominations:

Giant	___x \$25	___x \$50	___x \$100	= total \$_____
Shoppers	___x \$25	___x \$50	___x \$100	= total \$_____
Safeway	___x \$25	___x \$100		= total \$_____
Kosher Mart	___x \$20			= total \$_____
Whole Foods	___x \$25	___x \$100		= total \$_____
				Grand Total \$_____

Please check one:

___ I will pick up my scrip in the Geshher office.

___ Please send me my scrip via kiddie mail: child's name _____ grade_____

Any questions, please contact Meredith Parnes in the Geshher office 703.962.9205.

SCRIP MONTHLY CHECKING ACCOUNT DEDUCTION



Support Gesher when you do your grocery shopping... it's easy!

There's no extra cost to you and Gesher receives 5% of the amount purchased!

HERE'S

HOW IT WORKS:

- Fill out the form below, attach a voided blank check and sign the authorization form
- Return the forms to the Gesher office
- Your order will be processed on/about the 15th of each month
- You will receive your scrip monthly until the end of the school year (checking account deductions through June 2010)
- You can make changes to your scrip order anytime — contact Meredith Parnes at 703.962.9205 or mparnes@gesher-jds.org.

Scrip Order Form — Monthly Checking Account Deduction

Name: _____

Telephone: _____

Email: _____

Bank name: _____ (please attach a voided blank check)

Scrip Denominations:

Giant	___x \$20	___x \$25	___x \$50	___x \$100	= total \$_____
Shoppers	___x \$20	___x \$25	___x \$50		= total \$_____
Safeway	___x \$25	___x \$100			= total \$_____
Kosher Mart	___x \$20				= total \$_____
Whole Foods	___x \$25	___x \$100			= total \$_____
					Grand Total \$_____

Total amount to be deducted each month: \$_____

Please check one:

___ I will pick up my scrip in the Gesher office.

___ Please send me my scrip via kiddie mail: child's name _____ grade_____

Any questions, please contact Meredith Parnes in the Gesher office 703.962.9205.

GROCERY SCRIP BANK DEBIT AUTHORIZATION
2011-2012 SCHOOL YEAR

Name(s) _____

I/We hereby authorize Gesher Jewish Day School to execute monthly debits against my/our checking account according to my/our signed order for scrip.

This authorization is to remain in place for the current school year.

Signature _____ **Date** _____

Signature _____ **Date** _____

Special Instructions

___ Check here if the bank account to be debited is the same as last school year.

___ Check here and attach a blank check marked "Voided" if this is a first time bank drafting or if the bank account to be debited is different from last school year.

Attach voided check here

RETAIL SCRIP BANK DEBIT AUTHORIZATION
2011-2012 SCHOOL YEAR

Name(s) _____

I/We hereby authorize Gesher Jewish Day School to execute monthly debits against my/our checking account according to my/our signed order for RETAIL scrip.

This authorization is to remain in place for the current school year.

Telephone: _____

Email: _____

Bank name: _____ (please attach a voided blank check)

Retail Scrip Denominations:

Store _____ Denomination ____ Quantity ____ = total \$_____

Store _____ Denomination ____ Quantity ____ = total \$_____

Total amount to be deducted each month: \$_____

Signature _____ Date _____

Signature _____ Date _____

Special Instructions

___ Check here if the bank account to be debited is the same as last school year.

___ Check here and attach a blank check marked "Voided" if this is a first time bank drafting or if the bank account to be debited is different from last school year.

Attach voided check here