

Family Name – Printed: _____

Phone #: _____

**St. Mary of the Immaculate Conception
Greenville
Scrip Program Agreement**

St. Mary of the Immaculate Conception sponsors a Scrip program which allows you to purchase Scrip. The Scrip you purchase through our program generates rebates from the participating retailers. These rebates can be applied as a credit to tuition accounts, a donation to the Adopt-a-Student fund, a donation to the school, the Faith Formation program or the parish, and/or cash back to you.

The parties agree as follows:

St. Mary will retain 50 percent of any of the rebates earned (This is not deductible). The remaining 50 percent the rebate earned can be applied at your discretion as you designate below. Please apply the remaining rebates earned in the following way(s):

(The lines below must equal 100 percent.)

_____ % As a charitable contribution to the parish (Potentially deductible)

_____ % As a charitable contribution to the school (Potentially deductible)

_____ % As a charitable contribution to Faith Formation (Potentially deductible)

_____ % As a charitable contribution to the Adopt-a-Student fund (Potentially Deductible)

_____ % as a rebate to you paid by check. (NOT deductible)

_____ % as a credit to the family named below: (NOT deductible).

PRINT FAMILY NAME: _____

Our Scrip program distributes the rebates once per year in the month of June.

With respect to your potential charitable contribution, 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 to pay for your Scrip. We make no representation or warranties of any kind with respect to the Scrip. This agreement continues unless replaced by another, and can be terminated by either party upon 30 days' notice to the other.

Family Name – Printed: _____

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

Purchaser's signature: _____

Printed Name: _____ Date: _____

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

Address: _____

Phone number on your Scrip account: _____

ACKNOWLEDGED

St. Mary Scrip Program (referred to herein as "we," "us" and "our")

By: _____ Date: _____

(Authorized person's name & title)