

Family Name – Printed: \_\_\_\_\_

\_\_\_ School \_\_\_ Faith Formation \_\_\_ Both School & FF

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 saved as a credit to your school or Faith Formation tuition, a gift to the school, the Faith Formation program or the parish, and/or cash back to you. The parties agree as follows:

After your family fundraising goal\* has been achieved, 50 percent of any additional rebate earned will be retained by the Scrip program. (This is not deductible). The remaining 50 percent of the additional rebate earned can be applied at your discretion as you designate below. *(Please complete option 1, 2 or 3 below. If you select option 1, please be sure to enter percentages that would be used if your rebate would exceed your tuition amount.)*

Rebates earned will be used in the following way(s):

1. \_\_\_ Apply the entire remaining balance to my tuition account.  
(Select \_\_\_ School tuition account or \_\_\_ Faith Formation tuition account).

If my earned rebate exceeds my tuition account, please apply the remaining rebate as follows:  
*(Percentages below must equal 100 %.)*

\_\_\_\_\_ % 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 tuition credit to another family (NOT deductible)

PRINT FAMILY NAME: \_\_\_\_\_

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

\_\_\_\_\_ % as a credit to my other tuition account: \_\_\_ school \_\_\_ Faith Formation.

*(The lines above must equal 100 percent.)*

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2. \_\_\_\_ Apply the entire remaining balance as a charitable contribution as follows:  
(Percentages below must equal 100 %.)
- \_\_\_\_\_ % to the parish (Potentially deductible)
- \_\_\_\_\_ % to the school (Potentially deductible)
- \_\_\_\_\_ % to Faith Formation (Potentially deductible)
3. \_\_\_\_ Apply the entire remaining balance as a rebate to you paid by check. (NOT deductible)

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.

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)

\*Information regarding the family fundraising goal is included in the registration materials for school and Faith Formation.