Scrip Card Order Form

Visit www.stmaryngtn.com/scrip.htm for a daily updated list of available retailers.

Family Name:_____ Grade(s):_____

Please return this form to the office along with a check made payable to Saint Mary School.

Check number: _____ Amount Enclosed: _____

You will be contacted by an HSA officer when your cards are ready for pick-up

Retailer Name	Denomination	Number of cards	Total