

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.

(This option only available to families with both school and Faith Formation tuition.)

(The lines above must equal 100 percent.)

Family Name – Printed: _____

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.