Church of the Resurrection Catholic School

Soaring 2 Savings

Date: _____

Please Check One:

☐ School
Family:_____
Family Name

☐ Parish

SCRIP FUNDRAISING
ORDER FORM

Name:			
Address:		Visa/MC Number	
City/State/Zip		Exp. Date	
Email:		Verification Number	
Phone Number:		Check #	

Qty	Store	Face Value	Total
		TOTAL	

Signature:_____

Please Make Checks Payable to: Church of the Resurrection

For a complete list of stores please go to: www.glscrip.com

Please return to school office in envelope marked:

ATTN: Soaring 2 Savings

Questions, please email soaring2savings@gmail.com