MPB SCRIP PROGRAM 2017-2018

Most Precious Blood Church (referred to herein as "we," "us," "our," and "church") 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 used as a credit to your school tuition account and/or a gift to the church or another school family.

1. For administering the SCRIP program, we will retain not more than .5% of the rebates received

The parties agree as follows:

ink, etc., in order to run our SCRIP program. A	on fee, including, but not limited to, supplies, shipping, At no time does, or will, the administrators of the ent for their administration of the SCRIP program.
2. We agree to apply the balance of your rebate	es as designated below:
100% as a charitable contribution to the o	church
<u>or:</u>	
50% as a charitable contribution to the caccount(s), allocated evenly among the account	thurch and 50% credited to the following tuition ts, if more than one family is listed:
	(Family Name #1)
	(Family Name #2)
by either of us upon 60 day's advance notice to Please sign and date below to indicate your ack Purchaser's Signature: Printed Name:	knowledgement of this agreement.
(referred to herein as "you" and "your")	
Address/City/State/Zip:	
Date:	
ACKNOWLEDGED:	
Ву	Date:
Ву	Date:
Anna Clark and Joay Summars	

Anne Clark and Joey Summers MPB SCRIP Administrators Most Precious Blood Church 1515 Barthold Street Fort Wayne IN 46808

PERMISSION FOR CHILD/WARD DELIVERY OF SCRIP AND WAIVER OF CLAIM

I, give permission to
[Parent/Guardian name]
Most Precious Blood Parish/School to deliver SCRIP, which I have ordered from
Most Precious Blood's SCRIP program, to my child/ward
[Child/Ward name & grade]
I understand that my child/ward will be responsible for the safe transport of the SCRIP
from school to my home and certify that I have discussed the responsibilities associated
with the transport of SCRIP with my child/ward. I further understand that I have the
option of personally picking up my SCRIP orders from Most Precious Blood's rectory
rather than having my child/ward transport.
I agree that once a representative from Most Precious Blood's SCRIP program delivers
the SCRIP to my child/ward that the parish/school is not responsible for any SCRIP
which is lost, stolen or misplaced. I hereby waive any right of recovery that I may have
against the parish/school for SCRIP which is lost, stolen or misplaced after it is given to
my child/ward.
This agreement is effective for the August 2017 – June 2018 school year only.
Parent/Guardian name [PRINT]
Parent/Guardian [SIGNATURE]
Date