

Illiana Christian SCRIP Store Order Form (updated 10.24.19)

Family Name _____ Family ID number _____

Phone Number _____ Total Amount _____

DIRECTIONS: Please include the dollar amount. Make checks payable to ICHS Scrip. You must have your account number filled in to receive the credit. If no account number is given then it will go to the tuition assistance fund.

AMOUNT	STORE	%*	DENOM
	Ace	4	25
	Amazon	2.25	25
	Arby's	8	10
	Aurelio's	10	25
	Bath & Body	12	10
	Bed, Bath, & Beyond	7	25
	Beggar's Pizza	10	25
	BP Gas	1.5	50
	Buffalo Wild Wings	8	25
	Cabella's	10	25
	Chili's	11	25
	Chic-Fil-A	5	10
	Chipolte's Mexican Grill	10	10
	Culver's	10	10
	Dick's Sporting Goods	8	25
	DQ	3	10
	Dunkin Donuts	3	10
	Edwardos	10	10
	Exxon/Mobile	1	50
	Family Express	4	25
	Gap/Old Navy/Options Card	14	25
	GFS	4	25
	Home Depot	4	25
	Jewel	4	25
	Jewel	4	100
	Jo-Ann Fabrics	6	25
	Kohl's	5	10
	Kohl's	5	50
	Kohl's	5	100
	Little Ceasars Pizza	8	20
	Lowes'	4	25
	Meijer's	3	25
	Meijer's	3	100
	Menard's	3	25
	Menard's	3	100
	Miner Dunn	10	5
	Olive Garden	8	25
	Panera Bread	8	10
	Red Robin	8	25

AMOUNT	STORE	%*	DENOM
	Rob's Meat Chop and Deli	8	25
	Shell	1.5	25
	Speedway	4	50
	Starbuck's	7	10
	Strack & Van Til	5	25
	Strack & Van Til	5	100
	Subway	6	10
	Taco Bell	5	10
	Target	2.5	25
	Target	2.5	100
	Teibels	10	25
	Texas Roadhouse	8	25
	TJ Maxx/Marshalls/Homegoods	7	25
	Walgreens	5	25
	Walmart	2.5	25
	Walmart	2.5	100
	Walt's	3	25
	Walt's	3	100

Date: _____

Store Clerk Initials: _____

Cash: _____

Check #: _____

Family Initials: _____

Store Hours: Thursdays 8:00-12:00pm

*Percentage may change at any time
 ICHS will take 0.5% of purchase to cover shipping
 cost and program costs.