



St. Mary Help of Christians Catholic School PTO Scrip Agreement

This agreement remains in effect until resubmitted or account becomes inactive.

St. Mary Help of Christians Catholic School PTO (referred to herein as "we," "us" and "our") sponsors a Scrip program which allows you to purchase Scrip gift cards/certificates. The Scrip you purchase through our program generates rebates from the participating retailers. These rebates can be used as a credit to your or another St. Mary Help of Christians Catholic School tuition account, cash back to you, and/or a gift to the school.

The parties agree to a 50/50 split as follows:

You designate your **50%** portion of the rebate with the following options:

- As a charitable contribution to St. Mary Help of Christians Catholic School (potentially tax deductible) _____%
- As a school tuition credit (to account designated below) _____%
- As cash back to you _____%

(As indicated above **(total amount of all three options must equal 50%)** Sub-Total **50%**

We will retain **50%** of the rebates received from your Scrip purchases to support our Parish School (non-deductible) **50%**

TOTAL DISTRIBUTION **100%**

If tuition credit is chosen, please indicate the account(s) to be credited:

(Student/Parent name on FACTS account)

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Our Scrip program distributes the rebates two times a year in the months of July and December.

With respect to your charitable contributions, we will provide you with all required acknowledgments 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 you issue to pay for your Scrip. We make no representations or warranties of any kind with respect to the Scrip. This agreement continues unless replaced by another, and can be terminated by either of us upon 60 day's advance notice to the other.

Please sign and date below to indicate your acknowledgment of this agreement.

Purchaser's Signature: _____ Date: _____

Printed Name: _____ (as it appears on your Scrip account & for rebate check)
(referred to herein as "you" and "your")

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

ACKNOWLEDGED:

St. Mary Help of Christians Catholic School PTO

By: _____ Date: _____

[Authorized Person's Name & Title]

Return Agreement to School Office or Email to: PTO@stmaryschoolaiken.com