ST. BERNARD SHOP FOR EDUCATION PROGRAM SALES FORM

Last Name	Phone Number	Date

Student/Family to Receive Credit*

Office Use: Updated 10.12.10

Check# _____ Cash _____

	Initial	Initial	Date
Reviewed and In-Stock filled by:			
Completed by:			

Disbributed Band Rm Blue Env In Person

SP SaleDate: Entered Date: Entered By:

GROCERY	Savings		QTY	Amount
Giant Eagle/GetGo	4%	$10		
		$25		
		$50		
		$100		
Shop N Save	4%	$10		
		$25		
		$50		

RETAIL	Savings	Amt	QTY	Amount
Aeropostale	6%	$25		
American Eagle	8%	$25		
Barnes and Noble	8%	$10		
	8%	$25		
Bath and Bodyworks	12%	$10		
	12%	$25		
Bed Bath and Beyond	6%	$25		
Borders/Waldenbooks	6%	$10		
	6%	$25		
CVS	5%	$25		
Dick's Sporting Goods	7%	$25		
Family Video	9%	$10		
Gap/Old Navy/Banana Republic	8%	$25		
J. Crew	12%	$25		
Kohl's (may be used to pay	4%	$10		
credit card bill)	4%	$25		
	4%	$50		
	4%	$100		
Land's End	15%	$25		
L. L. Bean	14%	$14		
Lowe's	3%	$26		
	3%	$100		
Macy's	9%	$25		
Marshalls/T.J. Maxx	6%	$25		
Rite Aid	3%	$25		
Rollier's Hardware	4%	$20		
	4%	$50		
WalMart/Sam's Club	1%	$25		
	1%	$100		

FOOD OUTLET	Savings	Amount	QTY	Amount
Arby's	7%	$10		
Atria's Restaurant	9%	$25		
Bruegger's Bagels	4%	$10		
Burger King	3%	$10		
Darden (Red Lobster & Olive Garder)	8%	$25		
Eat n' Park	9%	$10		
		$25		
Mitchell's Fish Market	14%	$25		
Molly Brannigan's	14%	$25		
Panera Bread	8%	$10		
		$25		
Pizza Hut	7%	$10		
Red Robin	11%	$25		
Starbucks	6%	$10		
		$25		
Subway	2%	$10		
Wendy's	3%	$10		

Write in Special Order (see www.glscrip.com for complete list)

Special Order Vendor	Savings	Amount	QTY	Amount

Make checks payable to:
Shop for Education

Total

Delivery/Pick up Selections & Signatures-This MUST be completed for Special Order Items

If you are sending this order with a St. Bernard student, complete the following and enclose form & payment in an envelope:

☐ I will pick up my order in the band room between 2:30 and 2:50 on Wednesday afternoon

☐ I want my gift cards sent home with my child in Wednesday's blue folder Child _____ Room _____

I hereby give permission for the items purchased to be sent home with my child as noted below. I understand that by having them sent home with my child, St. Bernard School and St. Bernard Church will not be held accountable if they are lost or stolen.

Authorizing signature: _____

*If no family is designated, savings will go directly to the Angel Fund

** Family discount is the www.glscrip.com discount less 1% deducted for administrative costs. Discounts shown are less the 1% administrative costs.

***In the event we are out of the denominations you requested, we will attempt to fill your order with the denominations that are available.