

Our Lady of Mt. Carmel

Scrip Order Form

Name: _____

Address: _____

Phone Number: _____

Retailer:	Dollar Amount:	Quantity:
Retailer:	Dollar Amount:	Quantity:
Retailer:	Dollar Amount:	Quantity:
Retailer:	Dollar Amount:	Quantity:
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***ALL ORDERS DUE MONDAY'S BY 11:00 A.M. (No Exceptions)**

***ALL ORDERS MUST BE PRE-PAID!**

***ORDERS WILL BE BACK AND DELIVERED ON FRIDAY'S**

Discount being applied to which student or family: _____