SCRIP STANDING ORDER
(for recurring orders)

Your Name: _____

Email address: _____

Home Phone: _____ Cell Phone: _____

I will be paying by: Check Cash Credit Card

I will accept delivery by: ____pickup in HS office
____Send home with my child (please include name and grade)
_____

If a customized order is being placed using a credit card, to maintain security of your financial information, we will phone you to get your credit card number and expiration date.

Vendor Name	Denomination	Quantity	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		TOTAL	$ _____

I would like this order filled:

Every week on _____ (specify day of week)

Twice a month on the _____ and _____ of the month

Monthly on the _____ of the month

Every two months on the _____ of the month

I would like this order to begin on: _____

These orders may be changed any time by contacting Nancy Mautz 248-668-7100 or email frcsscrip@brightmoorcc.org.