

# IMMACULATE CONCEPTION SCRIP STANDING ORDER FORM

Name: \_\_\_\_\_ Frequency of Order: \_\_\_\_\_

Address: \_\_\_\_\_ ( ) 1<sup>st</sup> of the Month

Phone Number: \_\_\_\_\_ ( ) 15<sup>th</sup> of the Month

( ) Weekly

Please ( ) Send home with child or ( ) Call when in

Name of Store	Denomination	How Many	Total

I request Immaculate Conception Scrip to order the above "Standing Order" at the time I have specified. I understand that IC Scrip orders my Scrip in advance, for my convenience. I agree to pay for my "Standing Order" when it arrives. I also understand that I may cancel or change the "Standing Order" at any time. If I wish to order any Scrip in addition to my "Standing Order", a regular order form must be filled out, and payment must accompany that order. All checks are to be made payable to "ICS Parents and Friends".

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_