

SCRIP ORDER FORM

Name _____

Phone Number _____ Date _____

Merchant Denomination Amount
Please list all merchants you would like to order.

Example:

Shell 2 @ 25 \$50

Total Amount Paid.....\$ _____

() Cash or () Check # _____

**100 % of all proceeds go to New Church Fund. Thank You
for your Support!**

Please understand that there will be a \$20 charge for all returned checks.