



Scrip Program Order Form



Chipotle \$10 x _____ = \$ _____



Jamba Juice \$10 x _____ = \$ _____



Starbucks \$10 x _____ = \$ _____

\$25 x _____ = \$ _____

Shipping & Handling +\$1.00

Total \$ _____

Checks Only

Name: _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____

Daughter's Name _____ Year of Graduation _____

- Parent will pick up
- My daughter is authorized to pick up my purchase (please check if applicable)

Name of daughter for pick up: _____

Please make all checks payable to SFHS and drop in the "Parents' Guild" box in the main office
Or mail to
5900 Elvas Ave. Sacramento, CA 95819

Please direct all questions to
Jeannie Bellinger 916.207.6147 or Julie Charter 916.396.1004



5900 ELVAS AVENUE
SACRAMENTO, CA 95819
916.452.3461
FAX 916.452.1591
WWW.STFRANCISHS.ORG