

CHCA SCRIP/RaiseRight Order Form

4 Ways to Order: At the Scrip Shop, by email to ScripShop@CHCA-OH.org, with the RaiseRight mobile app or www.RaiseRight.com.
(Email ScripShop@CHCA-OH.org for enrollment code)

Account Information (Indicate name of account holder, not the name of the student)

Last Name	First Name	Phone number: <u>()</u> _____	Sale Date:
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*All purchases are non-refundable

Scrip Order - Please refer to the CHCA Scrip/RaiseRight Retailer List for participating retailers/stores.

Retailer/Store Name	\$ Value of card	# of Cards	Total \$ Value Ordered	Signature (sign only when your order is received)
Example: Chipotle	25	3	75	Your Signature

Order Total: \$ _____

Method of Payment *Payment of cash or check is required for retailers with a discount of 3% or less; please refer to retailer list for discount % rates

Cash* amount: \$ _____ Option 3 amount: \$ _____ Gift Cert.#: _____ amount: \$ _____

Check* Payable to "CHCA Scrip" Check #: _____ amount: \$ _____ Other/Promo amount: \$ _____

Charge (cards with 4% discount or more only) to my Visa or MasterCard (circle one) Amount: \$ _____

Complete section below only if card is not presented in the Scrip Shop at the time of sale:

Name on Card	Signature:
Card Number	CCV/Security Code
Expiration Date (MM/YYYY)	House #/Zip code of billing address: