

Verification of SCRIP Information

Please be sure to indicate your fund choice.

Please fill out the following information and return with your next order:

Name _____

Address _____

City, State, Zip _____

Phone: Home (_____) _____ Work (_____) _____

Congregation _____ e-mail address _____
(to be used to receive info from Great Lakes)

I give permission to send home Scrip certificates with

my child, _____.
(please print name)

volunteer, _____.
(please print name)

I will personally pick up my Scrip from the SLHS office.

I would like my share of the profits to be given to

_____ Tuition _____
(please print student's name) (Year of SLHS graduation)

_____ Future tuition _____
(please print student's name) (Year of SLHS graduation)

_____ Tuition assistance _____ Operations _____ Cash Back (once a year)

_____ Other _____

Signature _____ Date _____

10/20/14