



### SCRIP PROGRAM ORDER FORM

Request Date: \_\_\_\_\_

Last Order Date: \_\_\_\_\_

(Please Print Clearly)

Organization Name: \_\_\_\_\_

Person Requesting: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Send To: \_\_\_\_\_

(Representative Name)

Address: \_\_\_\_\_

(City)

(State)

(Zip Code)

<u>Scrip Denomination</u>	<u>Nbr of Cards</u>	<u>Dollar Amount</u>
\$ 500.00	_____	\$ _____
\$ 100.00	_____	\$ _____
\$ 50.00	_____	\$ _____
\$ 25.00	_____	\$ _____
	Subtotal	\$ _____
	Less 5% Discount	\$ _____
	Check Total	\$ _____
	Check Number	# _____

**Note:** The minimum scrip order is \$1,000 and orders must be in increments of \$100. Checks should be made payable for 5% less than the total order. Example: If you order ten \$100 scrip cards, write the check for  $(10 \times \$100) \times .95 = \$950$ .

Mail order form/check to: **GELSON'S MARKETS**  
P.O. Box 512256  
Los Angeles, CA 90051-0256  
Attention: Cristin McDonald, Scrip Coordinator

Orders are sent out as promptly as possible. Please allow ten days for processing.

**Reminder:** Scrip cards cannot be used toward payment of charge card accounts. Your scrip cards will be activated and should be treated like cash. Keep secure. The risk is yours if the card is lost or stolen. If you have any questions, please feel free to call (310) 761-4562. Thank you.