

St. Joseph the Worker Roman Catholic Church

Helping Hands Scrip Program Agreement

St. Joseph the Worker Church (referred to herein as “we”, “us” and “our”) sponsors a scrip program which allows you to purchase scrip. The scrip you purchase through our program generates rebates from the participating retailers. These rebates can be used as a credit to your tuition account, at St. Joseph the Worker School, Early Childhood Education Center or Allentown Central Catholic High School, and college/university tuition. You can also use your rebate as a donation to the School, Angel or Parish Fund. For administering the scrip program, we will retain 15% of the rebates received from your scrip purchase. Your donation to one of these funds will be added as a contribution of 85% of the rebates to these funds. The parties agree as follows:

1. Rebates earned will be used in the following ways:
 - a. _____% as a **charitable** contribution to the **School** Fund
 - b. _____% as a **charitable** contribution to the **Angel** Fund
 - c. _____% as a **charitable** contribution to the **Parish** Fund
 - d. _____% as a **tuition credit** for the following **ECE** school family: _____
 - e. _____% as a **tuition credit** for the following **STJW** school family: _____
 - f. _____% as a **tuition credit** for the following **PREP** family: _____
 - f. _____% as a **tuition credit** for the following **CCHS** school family: _____
 - g. _____% as a **tuition credit** for the following **College** student: _____
at _____ College/University

Total: 100%

Our scrip program distributes the rebates 3 times a year. In December for the charitable contributions, in April for the tuition credits and in August for college/university (Please provide us with the address of the appropriate college/university office and student’s ID number).

With respect to your charitable contributions, we will provide you with all required acknowledgements under sections 170(f)(8) and 170(f)(17) of the Internal Revenue Code.

You agree to indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the checks you issue to pay for your scrip. We make no representations or warranties of any kind with respect to the scrip. This agreement continues unless replaced by another, and can be terminated by either of us upon 60 day’s advance notice to the other.

Please sign and date below to indicate your acknowledgement of this agreement.

Purchaser’s Signature: _____ Date: _____

Printed Name: _____ Family # / Contribution Env. # _____

Address: _____

Email address: _____ Daytime Phone: _____

Acknowledged: Helping Hands Scrip Program

By: _____ Date: _____