

# 2011 ~ 2012 Scrip Program Enrollment Form

SCRIP SERVICE CENTER ~ 6960 SW Sandburg Street ~ Tigard, Oregon 97223 ~ 503-620-5437 ~ EMAIL scrip@ttsd.k12.or.us

## NON-PROFIT INFORMATION

Assigned Scrip Account #

**Non-Profit Name** \_\_\_\_\_

**Federal Tax ID #** \_\_\_\_\_

Public School       Charter School       Church  
*Check*      District \_\_\_\_\_       Preschool       Other  
*Category*       Private or Parochial

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School / Organization

Mailing Address (if different from above) \_\_\_\_\_

Telephone \_\_\_\_\_ FAX # \_\_\_\_\_ Date \_\_\_\_\_

## LEAD COORDINATOR/S

Indicate who is to receive scrip mail and email. To order the Excel software program that compiles your scrip orders, you will need to complete a separate form.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

email \_\_\_\_\_

email \_\_\_\_\_

H \_\_\_\_\_ W \_\_\_\_\_

H \_\_\_\_\_ W \_\_\_\_\_

Cell \_\_\_\_\_ Mail \_\_\_\_\_

Cell \_\_\_\_\_ Mail \_\_\_\_\_

## ADDITIONAL CONTACTS for ORDERING or PICK-UP

ONLY the Lead Coordinators and those listed below are authorized to pick up your scrip order. Attach a sheet to add more names. Only coordinators can call to have names added after form is turned in.

1. Name \_\_\_\_\_

Home \_\_\_\_\_

email \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

2. Name \_\_\_\_\_

Home \_\_\_\_\_

email \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

3. Name \_\_\_\_\_

Home \_\_\_\_\_

email \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

4. Name \_\_\_\_\_

Home \_\_\_\_\_

email \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

5. Name \_\_\_\_\_

Home \_\_\_\_\_

email \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_