

Immanuel School P.T.L. \$CRIP Purchase Form

Name _____

Immanuel will credit 50% of the profit towards the recipient of your choice.

Please check one of the following:

- Immanuel School PTL**

 Scholarship Fund
 School or Childcare Credit: Immanuel Student/Family Name _____

Retailer	discount	Den.	quantity	total	Retailer	discount	Den.	quantity	Total
Grocery					Clothing				
Pick & Save	3%	25/50/100			Elder-Beerman/ Younkers	8%	\$25		
Piggly Wiggly	4%	25/50/100			Gap/Old Navy	9%	\$25		
Auto					Misc.				
Kwik Trip	4%	\$20			Kohls	5%	\$25		
Steve's Amoco	3%	10/25			Maurices	7%	\$20		
Restaurant					Payless				
Applebees	8%	\$25			TJ Maxx	7%	\$25		
Arbys	8%	\$10			Misc.				
Brisco Co.	10%	\$25			Bath&Body	13%	\$10/25		
Chilis	11%	\$25			Bed, Bath, Bey.	7%	\$25		
Cold Stone	8%	\$10			Best Buy	2%	\$25		
Cruisers	15%	\$5			Blockbuster	15%	\$3.79/\$10		
Culvers	5%	\$10			Claire's	9%	\$10		
Highland House	20%	\$25			FleetFarm	5%	\$25		
KFC	9%	\$5			Home Depot	3%	\$25		
Pizza Hut	8%	\$10			Kmart	4%	\$25		
Pizza Ranch	7%	\$10			Marcus	15%	\$5/10		
Ponderosa	13%	\$25			Menards	4%	\$25		
Red Lobster	9%	\$25			Michaels	4%	\$25		
Starbucks	7%	10/25			Office Max	5%	\$25		
Subway	10%	\$5			Pier 1	9%	\$25		
Wendys	9%	\$10			Regis	8%	\$25		
Book Stores					Sears				
Sonlight	6%	10/25			Sheboygan Press	5%	bill		
Waldenbooks	9%	10/25			Shopko	4%	\$25/50		
Pick-A-Scrip giftcertificates					Walgreens				
		Any amount			Walmart	2%	\$25/100		

Date _____

Salesperson _____

Total \$ _____

Messages: