2012-2013 MACS SCRIP ORDER FORM

Name:	
Practice Group:	
Phone:	
Email:	

EVERY HIGHLIGHTED COLUMN BELOW MUST BE COMPLETED! FORM WILL CALCULATE $ Total Due and $ Contribution to MACS

Retailer	$ Card Value	# of Cards	% Rebate	$ Total Due	$ Contributed to MACS
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00
MISC Retailers:				$ 0.00	$ 0.00
King Soopers			5%	$ 0.00	$ 0.00
				$ 0.00	$ 0.00
TOTALS				**$ 0.00**	**$ 0.00**

Please contact Mary Lou Waite with any questions.

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