

## 2017 CVLC SCRIP PROGRAM AGREEMENT

Christus Victor (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 fees (WAPO individuals, retreats, mission trips), cash, and/or a gift to Christus Victor.

The parties agree as follows:

- o SCRIP certificates are purchased on your behalf and are not returnable
- o For administering the SCRIP program we will retain 10% of the rebates received from your SCRIP purchases to cover expenses of the program.
- o We agree to apply the balance of your rebates as designated below. Please insert desired percentages in the column entitled BUYER'S % DISTRIBUTION considering the guidelines:

**CVLC Individual/Family Account (Not Tax Deductible)** Funds to be put toward CVLC Sponsored activities to include programs such as WAPO camperships, Mission Trips, Retreats, Vacation Bible School, etc.

Individual/Family Name: \_\_\_\_\_

Total CV Activity %

<b>BUYER'S % DISTRIBUTION</b>
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**Recommended 0-40%**

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**Donations to Christus Victor (tax deductible):**

- Banner/Hymnal Fund -----
- Feed My Starving Children -----
- Missions -----
- Rock Band -----
- Social Ministries -----
- Youth (6th Grade and Up) -----

**Recommended 50-90%**


Total Tax Deductible %

Cash Rebate %

SCRIP Administration Fee

**Grand Total:**

	<b>10%</b>
	<b>100%</b>

With respect to these 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 or PrestoPay transfers you issue to pay for your SCRIP. We make no representations or warranties of any kinds with respect to the SCRIP. This agreement can be modified each fiscal year and will become effective for the entire fiscal year.

**The SCRIP fiscal year begins Jan 1st and ends Dec. 31st**

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

Purchaser's Signature: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

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

CVLC SCRIP Signature: \_\_\_\_\_