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| NAME | DATE | BC BUCKS LOW DENOMINATION ORDER FORM |
| TELEPHONE # | TOTAL ORDER AMOUNT \$ | Butler Catholic School 515 East Locust Street Butler, PA 16001 724.285.4276 |

IF YOU ARE NEW TO THE SYSTEM- PLEASE ALSO INCLUDE A BCS FAMILY SIGN-UP FORM.
CAN BE FOUND ON THE BUTLER CATHOLIC WEBSITE

***** These are ALL MAIL ORDER items. Mail order is placed on Mondays, and is distributed by Friday*****

| | VALUE | % | QTY | TOTAL | | VALUE | % | QTY | TOTAL |
|--------------------|---------|-------|-----|-------|---------------------|---------|------|-----|-------|
| Amazon.com | \$10.00 | 2.25% | | | Long John Silvers | \$10.00 | 8% | | |
| Applebees | \$10.00 | 8% | | | Noodles and Co | \$10.00 | 8% | | |
| Arby's | \$10.00 | 8% | | | Olive Garden/Darden | \$10.00 | 8% | | |
| Barnes & Noble | \$5.00 | 8% | | | Outback Steakhouse | \$10.00 | 8% | | |
| Barnes & Noble | \$10.00 | 8% | | | Panera Bread | \$5.00 | 8% | | |
| Bath & Body Works | \$10.00 | 12% | | | Papa Johns | \$10.00 | 8% | | |
| Bob Evans | \$10.00 | 10% | | | Pizza Hut | \$10.00 | 8% | | |
| Buffalo Wild Wings | \$10.00 | 8% | | | Red Lobster | \$10.00 | 8% | | |
| Burger King | \$10.00 | 4% | | | Starbucks \$5 | \$5.00 | 7% | | |
| Chipotle | \$10.00 | 10% | | | Starbucks \$10 | \$10.00 | 7% | | |
| Claire's | \$10.00 | 9% | | | Subway | \$10.00 | 6% | | |
| Cracker Barrel | \$10.00 | 8% | | | Taco Bell | \$5.00 | 5% | | |
| CVS | \$10.00 | 6% | | | Taco Bell | \$10.00 | 5% | | |
| Dairy Queen | \$10.00 | 3% | | | Target | \$10.00 | 2.5% | | |
| Domino's | \$10.00 | 8% | | | Walmart | \$10.00 | 2.5% | | |
| Dunkin Donuts | \$10.00 | 3% | | | Wendy's | \$10.00 | 6.5% | | |
| The Home Depot | \$10.00 | 4% | | | TOTAL | \$ | | | |

- Please send my BC BUCKS home with my child _____ in Room # _____
- Please call me at this # _____ and I will pick up my BC BUCKS in the school office.
- Other: _____

METHOD OF PAYMENT:

- CASH \$ _____ CHECK # _____ \$ _____
- CREDIT CARD: ****Purchase must be greater than \$100****
- MASTERCARD VISA AMERICAN EXPRESS DISCOVER \$ _____

(CREDIT CARD #) (EXPIRATION DATE) (3-DIGIT SECURITY CODE)

(BILLING ADDRESS) (ZIP CODE)

I AGREE TO PAY **TOTAL ORDER AMOUNT** ACCORDING TO CARD ISSUER AGREEMENT:

(SIGNATURE)

(DATE)