

## CCS SCRIP ORDER FORM

Name \_\_\_\_\_  
Date \_\_\_\_\_  
Apply Credit to \_\_\_\_\_  
\_\_\_\_\_ Send home with \_\_\_\_\_  
\_\_\_\_\_ I will pick up in the CCS Office  
***Please make Checks payable to CCS***

**Vendor**

**Amount**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Orders are DUE 9:00 AM Monday morning!**

**For full listing of vendors visit [www.glscrip.com](http://www.glscrip.com)**

208 East Main Street • PO Box 58 • Pease, MN 56363  
[ccs1@frontiernet.net](mailto:ccs1@frontiernet.net) • 320.369.3239

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