



AGHS Music Boosters. Avon Grove HS, 10 Waltman Way, West Grove, PA 19390

SCRIP PROGRAM AGREEMENT

The Avon Grove Instrumental Music Boosters (AGIMBA) (referred to herein as “we,” “us” and “our”) sponsors a scrip program which allows you to purchase scrip. The scrip you purchase (the “Purchaser” also referred to herein as “my”, “you” and “your”) through our program generates rebates from the participating retailers. These rebates can be used as a credit to your AGIMBA Student Account, cash back to you, and/or a gift to the Music Booster Discretionary Fund. The parties agree as follows:

1. **Rebates earned will be used in the following ways** (use whole percentages only):
 - a. 50 % will be retained for running the program and other organization expenses (NOT deductible)
 - b. _____% as a charitable contribution **to AGIMBA** (potentially deductible)
 - c. _____% as a charitable contribution **to the AGIMBA Make Music Happen Fund** (potentially deductible)
 - d. _____% to be deposited **into your Student Account** to be used to make trip payments, etc. before any other funds in the account (cash rebate – NOT deductible)
- Total 100%** (be sure that percentages add to exactly 100%)

Our scrip program distributes the rebates one (1) time a year during the last month of each fiscal year. With respect to your charitable contributions, we will provide you with all required acknowledgements under sections 170(f)(8) and 170(f)(17) of the Internal Revenue Code.

2. **At the end of each fiscal year Purchaser wishes to: (check one)**
 - Retain all of my unused SCRIP rebates to be used the following year
 - Change name on account to sibling: (Name) _____
 - Receive a cash refund for all of my unused SCRIP rebates
 - Donate all of my unused SCRIP rebates to the AGIMBA Discretionary Fund

You agree to indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the checks or ACH transfers you issue to pay for your Scrip. We make no representations or warranties of any kind with respect to the Scrip program. This agreement continues unless replaced by another, and can be terminated by either of us upon 60 day’s advance notice to the other.

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

Purchaser’s Printed Name: _____ Phone (____) _____

Purchaser’s Address: _____

Purchaser’s Signature: _____ Date ____ / ____ / ____

Email Address: _____

Student Name(s): _____

AGIMBA ACKNOWLEDGEMENT:

Authorized Printed Name: _____ Title _____

Authorized Signature: _____ Date ____ / ____ / ____