

**Mount Lebanon Band Builders**

**SCRIP PROGRAM AGREEMENT**  
**For School Year \_\_\_\_\_**

Mount Lebanon Band Builders (referred to herein as “MLBB”, “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 student account, cash back to you, and/or a gift to the MLBB. The parties agree as follows:

Rebates earned will be used in the following ways:

- a. \_\_\_\_\_% as a charitable contribution to the MLBB (potentially deductible)
- b. \_\_\_\_\_% as student credit for the following band member \_\_\_\_\_
- c. \_\_\_\_\_% as student credit for the following band member \_\_\_\_\_
- d. \_\_\_\_\_% as student credit for the following band member \_\_\_\_\_
- e. \_\_\_\_\_% as a cash rebate to you (NOT deductible) payable at the end of our fiscal year (June 30, \_\_\_\_\_)

**Total: 100%**

Our scrip program distributes the rebates one time a year in the month of June. 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.

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. This agreement continues unless replaced by another, and can be terminated by either of us upon 60 day's advance notice to the other.

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

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

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(referred to herein as “you” and “your”)

**Address:** \_\_\_\_\_

**ACKNOWLEDGED:**

Mount Lebanon Band Builders

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Authorized Person's Name & Title]

\_\_\_\_\_ (Purchaser's Name) has completed the MLBB SCRIP PROGRAM AGREEMENT for School Year \_\_\_\_\_ as of \_\_\_\_\_ (Date).

\_\_\_\_\_  
(Printed name of gift card chair)

\_\_\_\_\_  
(Signature of gift card chair)