



G A B R I E L R I C H A R D C A T H O L I C H I G H S C H O O L

**RAISE RIGHT PROGRAM AGREEMENT
2024/2025 School Year**

Gabriel Richard Catholic High School (referred to herein as “we”, “us” and “our”) sponsors a Raise Right program which allows you to purchase Raise Right gift cards. The Raise Right gift cards you purchase through our program generates rebates from the participating retailers. These rebates can be used as a credit to your tuition account or as a gift to the school to assist GR families with tuition cost.

The parties agree that Rebates Earned will be used in the following ways:

- a. 15% will be retained for running the SCRIP program (NOT deductible)
- b. 85% will be used as a Rebate to the participating family
- c. Cash rebates to individuals are not allowed. All funds must be rebated to tuition or given as a gift to the school.

Family’s Rebate Designation:

- d. _____ Full percentage used for the participating family’s tuition
- e. _____ I would like my percentage to be used towards the following family’s tuition:
(Potentially deductible): _____
- f. _____ I would like my rebate to be used as a gift to the school.

Total Rebates = 100%

Our Raise Right Program distributes the rebates one (1) time a year in the month of April.

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 Service 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 Raise Right gift cards. We make no representations or warranties of any kind with respect to the Raise Right 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.

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

Purchaser’s Signature: _____ Date: _____

Printed Name: _____ (referred to herein as “you” and your”)

Address: _____

Acknowledged by (Authorized Person’s name and Title): _____

Date: _____