## Grassfield Orchestra Parent Association, Inc. RaiseRight Rebate Form for Orchestra 2023-2024

(May 2023- May 2024)

\*\*\* A new form is required EACH YEAR \*\*\*

RaiseRight Account Ho	lder's Name:			
Purpose of Submission				
New Member	Request Rebate*  * \$Total Requeste	Update ed <i>or</i>	Deactivate/Close Account _ All Grizzly \$\$ Available	
Please apply my rebate	e in the following ways: <i>(select</i>	one):		
Credit my rebo	ate to my student's Grizzly Acc lent(s):	ount.		
	pate to the following orchestra	student:		
Credit my reb	oate as a charitable contribution	n to the GOPA	(tax deductible, see below)	
known as SCRIP) program program generate rebate to the orchestra program intended to help pay for	n which allows you to purchase Ra es from participating retailers. The n, or a gift to another orchestra stu	iseRight gift/shase rebates can ludent's account tion fees thoug	"we", "us", and "our") sponsors a RaiseRight (popping cards. The RaiseRight cards you purchaste used as a credit to your orchestra student's. Rebates credited to your orchestra student's that all rebate funds are yours and will be paid to r RaiseRight use only.	se through ou account, a gif account are
participated in RaiseRigh year. Senior student acco completed, designating a student or Senior studen	t previously must renew annually bunts will be closed on May 25 <sup>th</sup> of a sibling, another orchestra studen	to continue to p their graduatir t, or GOPA as tl RaiseRight Coo	which include this form. Returning families who participate in the RaiseRight program in the congress year unless a new RaiseRight rebate form (the recipient of rebate funds. All forms whether rdinator by May 31st of each year. Failure to deted to the GOPA.	ning orchestr nis form) is r Returning
student; rebates will not		ate your rebate	nay <b>only</b> donate to the GOPA or to another orce to the GOPA, we will provide you with all requevenue Code.	
	· · · · · · · · · · · · · · · · · · ·	-	as you have selected above. Participants may r upon special request (not more than quarterly	-
checks or ACH transfers y	ou issue to pay for your RaiseRigh	nt. We make no	re being insufficient funds in your account to c representations or warranties of any kind with be terminated by either of us upon 60 days ad	respect to
Please sign and date to ir	ndicate your acknowledgement of	this agreement	:	
			Date:	
	d Orchestra Parent Association			
Account updated withi	n RaiseRight program and the	GOPA Account	ing System to reflect rebate choices above	<u>.</u>
By:		(GOPA	RaiseRight Chair) Date:	
By:		(GOP	A Treasurer) Date:	
Check # for Rebate:	Check Amount:	Date:	Remaining SCRIP balance:	
CUTTIME Updated:				