



New Supporter Sign-Up

Do not use this form for changes or additions to your account.

Please use Supporter Account Update Form (found at www.escrip.com)

First Name	Last Name	
	()	
Email	Phone Number	
Address		
City	State	Zip

Please Print

Group I.D. Number

Group Name

Group Address

City

State

Zip

Return Completed Form to ESI
P.O. Box 6988
Auburn, CA 95604-6988

Please enter the ages of the children in your family in the boxes below: (optional)

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- Use of your Club Card is required at checkout to automatically track the contribution to your organization.
- Apply and receive a free Club Card at any location.

Grocery Loyalty Cards	Please list all of the numbers of your Club Card - No Phone Numbers																																				
VONS Club Card	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
Pavilions ValuePlus Club Card	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				

Register only those cards that are in your household. A household is defined as having the same address and phone number.

Card Type	Card Number	Expiration Date																		
Chevron Card	Please list your Chevron Card . Register personal cards only, commercial and corporate cards are excluded. <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			• Call 1-800-FREE-APP (1-800-373-3277) to apply.

Write the card type below:

Visa

Please list your credit/debit cards: **VISA, MasterCard, AmEx, Discover and Diner's.**

1	2	3	4	-	5	6	7	8	-	9	1	2	3	-	4	5	6	7		0	4	-	0	2

Additional **ATM Cards.**

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I have read the eScrip program information. I understand that I may cancel my participation at any time. **I understand that ESI reserves the right to discontinue or alter the terms of this program, including the participating merchants, the contribution percentages, and the registered card types that are accepted by merchants, at any time without prior notice.**

Signature

Date

For information about eScrip merchants visit www.escrip.com.