eScrip | Community Card Power Registration Log

Group Name: *(Required)*	Group ID: *(Required)*	Date:	Group Coordinator:	Coordinator's Day Phone:

eScrip Community Card Name _____

Form Completed By:		Phone #:		Card	Card Numbers																	
				Card Type	*(list all numbers, no phone#)*																	
New Supporter Name: Cindy Supporter	Phone: 800-592-0942	Email: Cindy@emailaddress.com		**cc**	1	2	3	4	5	6	1	7	8	9	0	0	0				
Mailing Address: 123 Woodland Drive	City, State: Any Town, USA	Zip: 98765																			
New Supporter Name:	Phone:	Email:																			
Mailing Address:	City, State:	Zip:																			
New Supporter Name:	Phone:	Email:																			
Mailing Address:	City, State:	Zip:																			
New Supporter Name:	Phone:	Email:																			
Mailing Address:	City, State:	Zip:																			
New Supporter Name:	Phone:	Email:																			
Mailing Address:	City, State:	Zip:																			
New Supporter Name:	Phone:	Email:																			
Mailing Address:	City, State:	Zip:																			

Return this form to:
Fax: 530-268-4843   **Mail: eScrip, P.O. Box 6988, Auburn, CA 95604**

*Certain merchants may have specific "group type" requirements in order to qualify for contributions. Visit www.escrip.com and go to merchant search for specific merchant details.

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