

Please Print Clearly

Start on the reverse side. Use this side to register additional supporters.

5

Supporter (First Name)

(Last Name)

Supporter Phone Number
(for verification purposes, if necessary)*

Albertsons Preferred Savings Card Number (Required)

6

Supporter (First Name)

(Last Name)

Supporter Phone Number
(for verification purposes, if necessary)*

Albertsons Preferred Savings Card Number (Required)

7

Supporter (First Name)

(Last Name)

Supporter Phone Number
(for verification purposes, if necessary)*

Albertsons Preferred Savings Card Number (Required)

8

Supporter (First Name)

(Last Name)

Supporter Phone Number
(for verification purposes, if necessary)*

Albertsons Preferred Savings Card Number (Required)

9

Supporter (First Name)

(Last Name)

Supporter Phone Number
(for verification purposes, if necessary)*

Albertsons Preferred Savings Card Number (Required)

10

Supporter (First Name)

(Last Name)

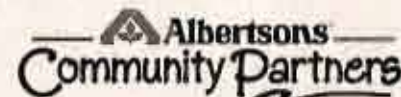
Supporter Phone Number
(for verification purposes, if necessary)*

Albertsons Preferred Savings Card Number (Required)

*We cannot use your phone number to link your Preferred Savings Card with your school / organization.

Your Privacy is Important!

The only information Albertsons will provide to your Community Partners or any program administrator is your name, Preferred Savings Card number, eligible purchase total, and the quarterly contribution total. We will never provide any item specific purchase information.



Giving back for youth. One cart at a time.™

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