eScrip Power Registration Log - Grocery Club Cards

Coordinators: Use this form to enter new supporters yourself using Power Registration

Group Name: *(required)*	Group ID: *(required)*	Date:	Group Coordinator:	Volunteer Name:	Card Type Legend
Neurofibromatosis Inc California	500003170				V = Vons Club P = Pavilions PW = PW Value G = Genuardi's Club A = Adams Loyalty Card
Address:	City, State, Zip		Coordinator's Day Phone:	Volunteer's Phone:	

New Supporter Name:	Phone:	Email:	Card Type *(See Legend)*	Grocery Club Card Number *(list all numbers, no phone #)*
Cindy Supporter	800-592-0942	Cindy@emailaddress.com	S	123-1234-1234
Mailing Address: 123 Woodland Drive	City, State: Any Town, USA	Zip: 98765	V	123456-12345678
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:		
New Supporter Name:	Phone:	Email:		
Mailing Address:	City, State:	Zip:		
New Supporter Name:	Phone:	Email:		
Mailing Address:	City, State:	Zip:		

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

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