# eScrip Sign-Up Form

**Please Print**

3692441
Group I.D. Number

Cub Scout Pack 787 BSA
Group Name

5570 Old Ranch Road
Group Address

Oceanside. CA 92057
City State Zip

First Name Last Name

( )
Email Phone Number

Address

City State Zip

☐ This is my first time registering with eScrip.

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

**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)

☐ ☐ ☐ ☐ ☐ ☐

| Grocery Loyalty Cards | Please list all of the numbers of your Club Card - No Phone Numbers |
|---|---|
| VONSClub Card | ☐☐☐☐☐☐–☐☐☐☐☐☐☐☐ |
| Pavilions *ValuePlus* Club Card | ☐☐☐☐☐☐–☐☐☐☐☐☐☐☐ |
| | ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ |

- **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.**

**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 |
|---|---|---|
| | Please list your **Chevron Card.** Register personal cards only, commercial and corporate cards are excluded. | |
| Chevron Card | ☐☐☐–☐☐☐–☐☐☐☐–☐☐–☐☐☐☐ • **Call 1-800-FREE-APP (1-800-373-3277) to apply.** | |
| *Write the card type below:* | Please list your credit/debit cards: **VISA, MasterCard, AmEx, Discover and Diner's.** | |
| Visa | 1234-5678-9123-4567 | 04-02 |
| | ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ | ☐☐-☐☐ |
| | ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ | ☐☐-☐☐ |
| | ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ | ☐☐-☐☐ |
| | ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ | ☐☐-☐☐ |
| | ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ | ☐☐-☐☐ |
| | Additional **ATM Cards.** | |
| | ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ | ☐☐-☐☐ |

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### eScrip Supporter Program Information

By enrolling in the eScrip Program, Supporter agrees to pay an annual, non-refundable fee as follows: Ten dollars ($10) for basic Program membership to support one (1) qualified organization, plus five dollars ($5) for each additional organization to a maximum of three organizations. The applicable annual fee will be automatically charged to the first available bankcard listed on your registration form, or you may send a check with your registration form or renewal notice. Supporter also agrees to the complete eScrip Program Information available at www.escrip.com or upon written request to Electronic Scrip Incorporated (ESI). ESI reserves the right to discontinue or alter any of the terms of the eScrip Program (including participating merchants, contribution percentages, and registered card types accepted by merchants) at any time without prior notice.

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## For information about eScrip merchants or to update your eScrip account visit www.escrip.com.

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