eScrip Community Card Power Registration Log

www.escrip.com

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

eScrip Community Card Name _____

Form Completed By:		**Phone #:**
New Supporter Name: Cindy Supporter	Phone: 800-592-0942	Email: Cindy@emailaddress.com
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:
New Supporter Name:	Phone:	Email:
Mailing Address:	City, State:	Zip:
New Supporter Name:	Phone:	Email:
Mailing Address:	City, State:	Zip:

Card	Card Numbers
Card Type	***(list all numbers, no phone#)***
cc	1 2 3 4 5 6 1 7 8 9 0 0 0

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.