

It costs you NOTHING!!

Help students at Amador Valley High School

with eScrip Safeway, Nob Hill/Raley's & Lucky electronic fundraising programs.

eScrip – Return this form to AVHS (preferred) or you can sign-up or update your account at www.escrip.com.

Safeway-- Enter your Club Card numbers, we receive 1-4% of your monthly purchases automatically.

- Register Other Credit, Debit or ATM cards for donations from many other merchants: see www.escrip.com.
- Shop at the eScrip On-Line Mall and contribute more to your school: see www.escrip.com.

Raley's – Enter Name, Address, Phone #: We'll Send You a Card.

Lucky, Save Mart, S-Mart, FoodMaxx– Enter Name, Address, Phone: We'll Send You a Card.

Return form to: Amador PTSA, P.O. Box 37. Pleasanton, CA 94588

eScrip Card Registration Form

Support up to 3 programs!

- AV Athletic Boosters (Team: _____)
- Amador Friends of Music (Band)
- AV Choir/Orchestra PTSA

Full Name: _____

Street Address: _____

City _____ State _____ Zip _____

(____)____-____

Phone _____ Email Address _____

I understand the eScrip program and authorize the Amador Valley High School Nonprofit groups to receive donations and update my account information..

Signature: _____ Date: _____

You can support up to 3 programs total so please indicate whether:

- [] **This is my First Registration.**
- [] **Adding this Organization.** I have previously registered my cards for the eScrip program and would like to add the above organization(s) as an additional beneficiary. Please keep: _____
- [] **SWITCH my Registration from** _____

Register ALL cards from the Family on the Same form:

Merchant Name		If more than one Safeway Club Card, please register both: NOT YOUR PHONE #! Safewau card # Required!
1. Safeway Club Card #	____-____-____	For your Card#: Call the Club Card Hotline 1-877-723-3929 toll free
2. Safeway Club Card #	____-____-____	

Credit Cards OPTIONAL:

Card Type	Card Number	Expiration Date
ATM	_____	____
VISA	_____	____
MasterCard	_____	____
AMEX	_____	____
Discover	_____	____

Raley's

YES*, Send a Raley's Card for: PTSA _____ Boosters _____ AFM _____

(Name, Address, Phone Required above) * Choose one; you can add other programs on-line

Lucky/Save Mart/Food Max

YES, Send a S.H.A.R.E.S Card for: Boosters _____ PTSA _____ AFM _____