eScrip New Supporter Sign-Up

Do not use this form for changes or additions to your account.

Please use Supporter Account Update Form (found at www.escrip.com)

Please Print

Group I.D. Number

Group Name

Group Address

City State Zip

First Name Last Name

( )

Email Phone Number

Address

City State Zip

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)

- **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.**

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

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
Chevron Card		
Write the card type below: Visa	1234-5678-9123-4567	04-02

Please list your **Chevron Card.**
Register personal cards only, commercial and corporate cards are excluded.

- **Call 1-800-FREE-APP (1-800-373-3277) to apply.**

Please list your credit/debit cards: **VISA, MasterCard, AmEx, Discover and Diner's.**

Additional **ATM Cards.**

Chevron DISCOVER AMERICAN EXPRESS Card MasterCard VISA Debit/ATM Cards

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eScrip Supporter Program Information

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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

For information about eScrip merchants visit www.escrip.com.

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