

Friendship Fund Enrollment Form

IMPORTANT: Please fill out the following information with your **CURRENT** Scolaris Club Card file information.

4 5 0 0

SCOLARIS CLUB CARD NUMBER



LAST NAME

FIRST NAME

MI

CUSTOMER SIGNATURE _____

DATE _____

NEW FRIENDSHIP FUND INFORMATION

All Scolaris Club Card members enrolled in the Friendship Fund may designate a Non-Profit Organization from the current list of participating organizations.

ORGANIZATION CODE

Please complete and give to Store Manager.