

MCMS PFC Grocery Club Card Campaign

Form Completed By: _____ Phone Number: _____ Email: _____	Card Type Legend V - Vons P - Pavilions A - Albertsons R - Ralphs K - Krogers S - Safeway	
	Card Type	Card Number or Phone # with Area Code
Your Name: _____ Phone Number: _____ Address: _____ City, State: _____ Zip: _____ Circle one: New Renewing Transferring*		
Name: _____ Phone Number: _____ Address: _____ City, State: _____ Zip: _____ Circle one: New Renewing Transferring*		
Name: _____ Phone Number: _____ Address: _____ City, State: _____ Zip: _____ Circle one: New Renewing Transferring*		
Name: _____ Phone Number: _____ Address: _____ City, State: _____ Zip: _____ Circle one: New Renewing Transferring*		

*Transferring means you previously selected another school/organization and are switching to MCMS or are dividing your selection to now also include MCMS.

Note: We respect your privacy. This information will not be sold/given to any other business.

I have contacted the people listed above and they have authorized the use of their grocery club cards for fundraising purposes for MCMS PFC.

Signature: _____