



Card Registration Form

For an up-to-date merchant list, visit www.escrip.com

Please Print

Group I.D. Number

Group Name

Group Address

Name (please use full name, no abbreviations)

Address Street City State

Zip Phone number Email address

I have read the eScrip program information and authorize ESI to charge an annual \$10 membership fee to the first available bank card listed below upon receipt of my registration and annually thereafter (or enclose a check to ESI for payment). If I choose to support more than one organization, I understand that I will be charged an annual \$5 fee for each additional organization (maximum of 3 organizations). I understand that this is a non-refundable fee and 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.

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 named organization as an additional beneficiary (maximum of 3). Contributions will be split equally. (Please fill in name and address, date and sign—you do not need to re-enter previously registered cards)

Please write the age of each child in your family in the boxes below: (optional)

Four empty boxes for child ages

Signature Date

Please list grocery loyalty cards below (refer to eScrip merchant list).

Merchant Name Please list your entire card number – no phone numbers.



Safeway Club Card

Card number input boxes

• Use of your Safeway Club Card is required at checkout to automatically track the contribution to your organization.



Safeway Club Card

Card number input boxes

• Apply and receive a free Safeway Club Card at any Safeway location.

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 Exp. Date

Below, please list your Chevron card you wish to register. Please register personal cards only, commercial and corporate cards are excluded.



Card number input boxes

• Call 1-800-FREE-APP to apply

Below, please list VISA/Mastercard debit card you wish to register.

Debit card number input boxes

The other ATM/debit card you wish to register.

ATM/debit card number input boxes

Below, please list the other card numbers you wish to register (e.g., VISA, MC, AmEx, Disc).

Card number input boxes

Card number input boxes

Card number input boxes

Card number input boxes

Card number input boxes

ESI has made a firm commitment to protect the privacy of all customer information. ESI will not sell or rent any personally identifying information about eScrip participants to any third parties.

eScrip Program Information

- 1. The Electronic Scrip (eScrip) program is intended to benefit schools and organizations that support children and children's programs. An organization must be enrolled with ESI in order to receive contributions from participating merchants in connection with the program.
2. Once your designated organization is enrolled, you can apply to participate in the program by submitting a completed card registration form. You will be charged an annual fee of \$10 to participate in the eScrip program in support of one organization. There is an annual \$5 fee for each additional organization (up to 3 maximum). ESI will split your contribution amount equally between your multiple designations and provide complete reporting of each contribution. The applicable annual fee is automatically charged to the first available bankcard listed on your registration form, or you may send a check with your registration form. This is a non-refundable fee and participation may be cancelled at any time.
3. After processing your registered cards for enrollment, a percentage of your qualified purchases, as determined by participating merchants, is contributed to your designated organization.
4. ESI will track all purchases made with registered cards from participating merchants and distribute the accumulated contributions to the designated organization(s) on a monthly basis.
5. Your organization designation may be changed once a year by contacting ESI.
6. Your registered card numbers will be kept confidential by ESI and will be disclosed by ESI only to participating merchants, eScrip program processors, or as otherwise required by law.

- 7. ESI has made a firm commitment to protect the privacy of all customer information. ESI will not sell or rent any personally identifying information about eScrip participants to any third parties. Purchase information shared with eScrip merchants is for the sole purpose of auditing the eScrip program. Purchase activity is not shared between eScrip merchants. By participating in the eScrip program, you are authorizing ESI: (a) to use information relating to your registered card transactions for the limited purposes of (1) processing the contributions that are to be distributed to your designated organization and (2) providing transaction reports to your designated organization and the participating merchants; and (b) to allow ESI to offer products, specials, and services that may be of interest to you.
8. By registering your cards, you understand that your designated organization will receive the following two reporting figures:
1) Total purchase amount made with registered cards.
2) Total contributions paid by merchants. Your organization will not receive any card I.D. numbers or purchase details.
9. 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.

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Return form to: ESI, P.O. Box 9345 Framingham, MA 01701-9674

1-800-592-0942

www.escrip.com

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