It costs you NOTHING!!

to help students at Amador Valley High School

with eScrip (Safeway), Raley's & Lucky electronic fundraising programs.

Questions? Contact Dalice Godwin for Athletic Boosters (ponyperf@comcast.net) or Laura Keller-Gum (kellgumfam@comcast.net) for PTSA and Choir/Orchestra, or Anne Gove (agove@sbcglobal.net) for AFM (band)

---

eScrip – Return this form to AVHS (preferred) or you can sign-up or update your account at ***www.escrip.com***. (Note: If you are signing up on-line to support the Athletic Boosters, let Dalice Godwin (*ponyperf@comcast.net*) know what team(s) you wish to support, otherwise funds will go to the General Fund. Selecting a team can not be done through on-line eScrip). If you are supporting band, choir, or orchestra, let Anne Gove or Laura Keller-Gum know if you would like your rebates to go to a particular student's account.

- ***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 O**n-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: Boosters Table, PTSA or PE Clothes Pick-Up at Walk Thru Registration

During the school year place in Boosters' or PTSA mail box at AVHS, 1155 Santa Rita RD, Pleasanton, Ca 94566

---

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..

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** _____

Signature:_____Date:_____

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. ***S*afeway Club Card #**	|__|__|__|-|__|__|__|__|-|__|__|__|__|	For your Card#: Call the **Club Card Hotline**
2. ***S*afeway Club Card #**	|__|__|__|-|__|__|__|__|-|__|__|__|__|	**1-877-723-3929 toll free**

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_____**