

Supporter Registration:

Get connected today!



Fundraising Leaders—Use this form to register multiple supporters at your fundraising events.

Please Print Clearly

J O H N B U R R O U G H S H S I M A B O O S T E R C L U B

School/Organization Name

4 9 0 0 1 0 0 4 8 9 5

Community Partners ID#

Event Coordinator (First Name)

(Last Name)

Event Coordinator phone number

1

Supporter (First Name)

(Last Name)

Supporter Phone Number
(for verification purposes, if necessary)

Albertsons Preferred Savings Card Number

2

Supporter (First Name)

(Last Name)

Supporter Phone Number
(for verification purposes, if necessary)

Albertsons Preferred Savings Card Number

3

Supporter (First Name)

(Last Name)

Supporter Phone Number
(for verification purposes, if necessary)

Albertsons Preferred Savings Card Number

4

Supporter (First Name)

(Last Name)

Supporter Phone Number
(for verification purposes, if necessary)

Albertsons Preferred Savings Card Number

Your Privacy is Important

The only information Albertsons will provide to your *Community Partners* or any program administrator is your name, eligible purchase total, and the quarterly contribution total.

We will never provide any item specific purchase information.

Mail completed forms to:

Community Partners Headquarters
P.O. Box 193
Bethel Park, PA 15102-0193



Giving back for youth. One cart at a time.