

COMMUNITY



REWARDS



So. CA, NV, IL, IN, F4L Stores only



ENROLLMENT APPLICATION

Name of Organization: _____

Organization Mailing Address: _____

City _____ State _____ Zip Code _____

Telephone: (____) _____ Fax: (____) _____

Organization's Email Address:(Please Print) _____

Federal Tax Identification Number: _____

PRIMARY CONTACT PERSON:

Name: _____

Title: _____

Daytime Phone: _____ Email Address: _____
(Please Print)

SECONDARY CONTACT PERSON:

Name: _____

Title: _____

Daytime Phone: _____ Email Address: _____
(Please Print)

Please read, initial and follow the instructions below:

- 1) _____ I have attached a copy of my Organization's Letter of Determination from the IRS, which states in writing that my organization is tax-exempt under Section 501(c)3 of the Internal Revenue Code. Please Note: This is required in order to consider your application.
- 2) _____ I have attached the signed Terms and Conditions. Please note: This is also required in order to consider your application.
- 3) _____ I understand that each card must be registered online by the participant in order to be active in the program.
- 4) Applicable organization description box must be checked (One box only)

| | |
|---|---|
| <input type="checkbox"/> School - Grades Pre K-12 - Includes school sports groups | <input type="checkbox"/> Animal Support Organizations |
| <input type="checkbox"/> Church/Synagogue - Includes groups within the church | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Youth Sports - Not affiliated with schools | |

Please sign and date below indicating that you understand and accept these conditions.

Signature: _____ **Date:** _____