

# Supporter Registration:

## *Get connected today!*



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

Please Print Clearly

School/Organization Name

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.**