eScrip Dominick's Fresh Values Card Log Sheet

Group Name:	Group ID:	Date:	Group Coordinator:	Coordinator's Day Phone:

Dominick's

Form Completed By: **Phone #:**

New Supporter Name:	Phone:	Email:
Cindy Supporter	800-555-1212	Cindy@emailaddress.com
Mailing Address: 123 Woodland Drive	City, State: Any Town, USA	Zip: 98765
New Supporter Name:	Phone:	Email:
Mailing Address:	City, State:	Zip:
New Supporter Name:	Phone:	Email:
Mailing Address:	City, State:	Zip:
New Supporter Name:	Phone:	Email:
Mailing Address:	City, State:	Zip:
New Supporter Name:	Phone:	Email:
Mailing Address:	City, State:	Zip:
New Supporter Name:	Phone:	Email:
Mailing Address:	City, State:	Zip:
New Supporter Name:	Phone:	Email:
Mailing Address:	City, State:	Zip:

Dominick's Fresh Values Card Number

Card Name	Dominick's Fresh Values Card Number (Multiple cards per house hold permitted) *(list all numbers)*													
Dominick's	1	2	3	4	-	1	2	3	4	-	1	2	3	4

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*Certain merchants may have specific "group type" requirements in order to qualify for contributions. Visit www.escrip.com and go to merchant search for specific merchant details.