

SACRED HEART SCHOOL
SUPERMARKET SHOPPERS PARTNER PROGRAM

Family Name of Sacred Heart Student _____

Grade of oldest child enrolled at SHS _____

Name on club card account(s) _____

Address _____

City, State & Zip code _____

Please enroll my VONS CLUB card number (14 digits)

Please enroll my ALBERTSONS Preferred Savings Card (11 digits on back)

Phone # used used for the above Preferred Savings Card _____

Phone # used used for the above Preferred Savings Card _____

I hereby authorize Sacred Heart School to enroll me (and my family) in the Sacred Heart School Supermarket Partner Program to secure ongoing cash resources for the school through the Sacred Heart School SCRIP program. I understand that this information will not be released to anyone or used outside of the SHS SCRIP program.

Signed: _____ Date: _____

Return with your student or fax to the school at 647-2291. If you have any questions, contact the Scrip office at 647-0713 or email shs-scrip@sbcglobal.net