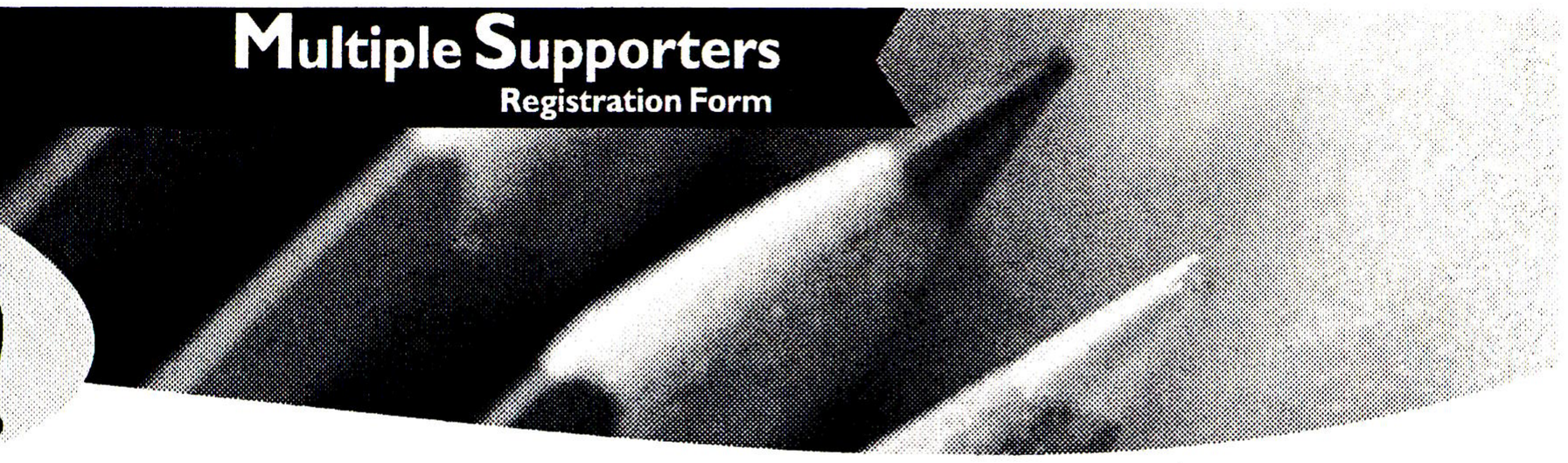
You shop for groceries. Youth benefit. Easy!

Multiple Supporters
Registration Form



Please Print Clearly

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

ABOUTFACE USA - CLEFTADVOCATE

School/Organization Name

490010109959

Community Partners ID# (Required)

DEBORAH

Event Coordinater (First Name)

OLIVER

(Last Name)

702 769 9264

Event Coordinater phone number

---

1 Supporter (First Name)

(Last Name)

Supporter Phone Number
(for verification purposes, if necessary)*

Albertsons Preferred Savings Card Number (Required)

2 Supporter (First Name)

(Last Name)

Supporter Phone Number
(for verification purposes, if necessary)*

Albertsons Preferred Savings Card Number (Required)

3 Supporter (First Name)

(Last Name)

Supporter Phone Number
(for verification purposes, if necessary)*

Albertsons Preferred Savings Card Number (Required)

4 Supporter (First Name)

(Last Name)

Supporter Phone Number
(for verification purposes, if necessary)*

Albertsons Preferred Savings Card Number (Required)

*We cannot use your phone number to link your Preferred Savings Card with your school / organization.

Use reverse side for additional registrations. →

Your Privacy is Important!

The only information Albertsons will provide to your Community Partners or any program administrator is your name, Preferred Savings Card number, 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

Albertsons Community Partners
Giving back for youth. One cart at a time.™

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