



ATTENTION CASHIER  
Affix Card Number Here

EARN UP TO **5%** FOR YOUR FAVORITE SCHOOL OR NONPROFIT.  
IT'S FREE. IT'S EASY. GET YOUR CARD TODAY!

## 1. Select the school or nonprofit you wish to support

<input type="checkbox"/> Amador High School	136556347	<input type="checkbox"/> My Own School	4503219
<input type="checkbox"/> Boy Scouts of America Troop 63	500023299	<input type="checkbox"/> Oakendell Boys Home	500042861
<input type="checkbox"/> Calaveras County Arts Council	500043016	<input type="checkbox"/> Rail Road Flat Parent - Teacher Club	500021705
<input type="checkbox"/> Calaveras Door of Hope Pregnancy Center	500042765	<input type="checkbox"/> San Andreas Elementary PTC	6610093
<input type="checkbox"/> Calaveras High School Parent Club	6481090	<input type="checkbox"/> Sutter Creek Elementary	6676773
<input type="checkbox"/> Calaveras Humane Society	500042514	<input type="checkbox"/> Sutter Hill Adventist School	5109474
<input type="checkbox"/> Foothill Classics Car Club	500042671	<input type="checkbox"/> The Arc of Amador and Calaveras	500042881
<input type="checkbox"/> Habitat for Humanity Calaveras	500042752	<input type="checkbox"/> The Resource Connection Food Bank	500042530
<input type="checkbox"/> Ione Elementary School PFC	6658037	<input type="checkbox"/> Toyon Middle School	158556568
<input type="checkbox"/> Ione Jr High School Student Body	6658039	<input type="checkbox"/> Tuolumne Trails	500042943
<input type="checkbox"/> Mokelumne Hill Elementary School	138376903	<input type="checkbox"/> Valley Springs Elementary PTO	6580767
<input type="checkbox"/> Mountain Oaks School Foundation	154371332	<input type="checkbox"/> Valley Springs Youth	500043195

☐ \*Other - School or nonprofit you wish to support: FRIENDS OF THE CALAVERAS SHERIFFS OFFICE


City: VALLEY SPRINGS, CA #500043721

\*If you choose "other" and write in a school or nonprofit that is not enrolled in eScrip, eScrip will assign *Tuolumne Trails* to be your group beneficiary. You can access and update this information and your personal profile at anytime by visiting [www.eScrip.com](http://www.eScrip.com) and clicking on "my eScrip".

## 2. Complete the following


Please print clearly. All fields below are mandatory to register with eScrip.

Name: \_\_\_\_\_

Email: \_\_\_\_\_  Email address required to confirm your participation.  
Upon receiving introductory emails, you will have the opportunity to "opt-out" of any future emails.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  By providing a phone number you will be able to use it when checking out if you don't have your card. Please allow 3-4 weeks for phone number activation.