

# Supporter Registration:

## Get connected today!



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

Please Print Clearly

Idaho Federation of Families

School/Organization Name

49000115335

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)

(Last Name)

Albertsons Preferred Savings Card Number

Albertsons Preferred Savings Card Number

2 Supporter (First Name)

(Last Name)

Supporter Phone Number

(for verification purposes, if necessary)

(Last Name)

Albertsons Preferred Savings Card Number

Albertsons Preferred Savings Card Number

3 Supporter (First Name)

(Last Name)

Supporter Phone Number

(for verification purposes, if necessary)

(Last Name)

Albertsons Preferred Savings Card Number

Albertsons Preferred Savings Card Number

4 Supporter (First Name)

(Last Name)

Supporter Phone Number

(for verification purposes, if necessary)

(Last Name)

Albertsons Preferred Savings Card Number

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.