

# Supporter Registration:

*Get connected today!*



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

Please Print Clearly

ORANGE COUNTY DEAF ADVOCACY CENTER

School/Organization Name

49001002038

Community Partners ID#

ENCARNACION

Event Coordinator (First Name)

WOOLSTON

(Last Name)

562 598 0349

Event Coordinator phone number

1

Supporter (First Name)

Supporter Phone Number  
(for verification purposes, if necessary)

(Last Name)

(Last Name)

Albertsons Sav\*on Preferred Savings Card Number (required)

2

Supporter (First Name)

Supporter Phone Number  
(for verification purposes, if necessary)

(Last Name)

(Last Name)

Albertsons Sav\*on Preferred Savings Card Number (required)

3

Supporter (First Name)

Supporter Phone Number  
(for verification purposes, if necessary)

(Last Name)

(Last Name)

Albertsons Sav\*on Preferred Savings Card Number (required)

4

Supporter (First Name)

Supporter Phone Number  
(for verification purposes, if necessary)

(Last Name)

(Last Name)

Albertsons Sav\*on Preferred Savings Card Number (required)

### Your Privacy is Important

The only information Albertsons will provide to your *Community Partners* or any program administrator is your name, your 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.

WE CAN NOT USE A PHONE NUMBER TO CONNECT YOU WITH YOUR SCHOOL/ORGANIZATION

©Copyright 2003 by Albertsons, Inc. All rights reserved.