



SPD
eScrip Community Card

ATTENTION CASHIER
Affix Card Number Here

Register by submitting this completed form to an SPD cashier.

Please print clearly. STEPS 1-3 are required for card activation. ***Incomplete or illegible forms will not be processed.***

1. Name: _____

2. Email: (required to participate) _____

Registration is confirmed by email.

3. Zip Code: _____ 4. Phone Number: (no business numbers) (_____) _____

You can use your phone number at checkout.

Group which I want to support:

____ Partners in English Language Learning (PiELL)

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