

Friendship Fund Enrollment Form

IMPORTANT: Please fill out the following information with your CURRENT Scolari's Club Card file information.



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SCOLARI'S CLUB CARD NUMBER

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LAST NAME

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FIRST NAME

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CUSTOMER SIGNATURE _____ DATE _____

NEW FRIENDSHIP FUND INFORMATION

All Scolari's Club Card members enrolled in the Friendship Fund may designate a Non-Profit Organization from the current list of participating organizations.

ORGANIZATION CODE

1	8	6	1
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Please complete and give to Store Manager.