

Save Mart Supermarkets S.H.A.R.E.S. Card Program Application

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number w/Area Code: _____ Fax Number w/Area Code: _____

Contact Person: _____ Title: _____

Contact's Phone: _____ eMail: _____

Type of Applicant (check one)

- Registered Not for Profit
- School Name: _____ District: _____
- Other (identify) _____

Federal Tax ID # _____ - _____

This organization is _____ is not _____ subject to IRS backup withholding.

Your favorite store #: _____

(Refer to store list in download section of web site)

Please provide a 3-5 sentence description of your organization's mission statement/objectives.

Number of S.H.A.R.E.S. Cards requested _____

I hereby certify I am authorized to represent the school/organization and that everything stated on this application is true and correct. A user name and password for web site access to your account will be issued upon approval.

Print Name: _____ Title: _____

Favorite Store Location: _____

Personal Phone Number After Hours: _____

Once your application is approved, you will receive an email with instructions on how to set up your organization's participation in the SHARES program. Please allow 21 days for processing. Each month, your organization will receive a participant report via email. You will also receive a quarterly check for the monies earned by your organization.

If you have any questions, please call 1-800-477-5437.

OR

You may fax a fully completed form to: 1-888-745-0696

Please note that Save Mart (Lucky/Food Maxx) reserves the exclusive right to accept, deny or discontinue any organization's participation in the SHARES program. Save Mart (Lucky/Food Maxx) does not typically award participation to individuals, research groups, or lobbying / political / religious programs. **Non tax-exempt organizations could be subject to Federal and State taxes.**