



## **Want to turn shopping into \$\$\$\$ for Phoebe Hearst?**

Join one or more of these grocery card programs, and have 1-4% of your purchase amount donated to our school!

- **Save Mart, FoodMaxx, or S-Mart S.H.A.R.E.S. Card:** Register on the reverse side of this flyer.
- **Raley's, Bel Air, or Nob Hill Quality-of-Life Card:** Request a card on the reverse side of this flyer or pick up a card in the front office. After you receive your Raley's card, you must register it on [www.raleys.com](http://www.raleys.com). Registration instructions are included with the card.
- **Safeway Club:** Pick up an application in the front office or your neighborhood Safeway store. Submit completed form to the Safeway store. After you receive your Safeway Club Card in the mail, register it at [www.escrip.com](http://www.escrip.com). Use our school's Group ID: 6668799.

**On the back, sign up for a S.H.A.R.E.S or Quality of Life Card.**  
*You may request cards for friends, family, and neighbors!*

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**Consider this:**

- If 25 families spend \$400 per month at Save Mart stores and use the S.H.A.R.E.S. Card, Phoebe Hearst receives a \$300.00 monthly donation! Each time a S.H.A.R.E.S. Card is used, Save Mart Supermarkets gives our school a donation equal to 3% of your total purchase.
- If 25 families spend \$400.00 per month at Raley's, Phoebe Hearst receives a \$125.00 monthly donation! Each time a Raley's Quality of Life Card is used, Raley's gives a tiered donation equal to 1% to 4% of your monthly purchases.

**Please enroll me in the following  
grocery card scrip program(s):**

**\_\_\_\_\_ Save Mart, FoodMaxx, or S-Mart S.H.A.R.E.S.  
Card**

Name of parent or guardian \_\_\_\_\_  
(please print)

Phone \_\_\_\_\_ Teacher \_\_\_\_\_

Name of child \_\_\_\_\_ Grade \_\_\_\_\_

Name of child \_\_\_\_\_ Grade \_\_\_\_\_

Name of child \_\_\_\_\_ Grade \_\_\_\_\_

Number of cards requested \_\_\_\_\_  
(Two cards per child allowed)

**\_\_\_\_\_ Raley's, Bel Air, or Nob Hill Quality-of-Life Card**

Name of parent or guardian \_\_\_\_\_  
(please print)

Phone \_\_\_\_\_ Teacher \_\_\_\_\_

Number of cards requested (no limit) \_\_\_\_\_

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Please return this form to the school office.  
Raley's and SaveMart cards will be sent home with your child. Thanks!