



ATTENTION CASHIER  
Card number must be affixed here

# 'B' Caring Card Registration

To Start Earning for \_\_\_\_\_  
Group Name

Visit Bartell Drugs to Pick Up a 'B' Caring Card  
and Complete this Form.



Use the card every time you shop and earn up to 4% of your purchase amount for our group.

## Complete the following

Please print clearly. All fields below are required to register with eScrip.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

➡ Email required to confirm your participation

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State:   Zip:

Phone/Cell Number:    -    -

➡ Your phone number will be linked to your account. When checking out please provide the cashier with either your card or your phone number.