




**Dixie Children's Fund ID # 137106563
eScrip Sign-Up/Renewal Form**

*Sign-up/Renew at www.escrip.com or fill out form below.
Fill out only ONE form per household. Register all cards under same household.*

First Name: _____ Last Name: _____
Child's Last Name (if different than parent): _____
Address: _____ City: _____ Zip Code: _____
Telephone: _____ Email: _____

- I'm new to 
- I need to renew cards shown below.
- I have supported another school through eScrip and want to change my group to Dixie Children's Fund.
- I want to support Dixie Children's Fund and another school _____.
- I do not know my status. Please look up my information and contact me about eScrip.
- YES! I shop at United Markets. Please send me ____ membership card(s).

SAFEWAY, MACY'S, CREDIT, AND DEBIT CARDS

- SAFEWAY CLUB CARD:** Card Number _____
- MACY'S CARD:** Card Number _____
- OFFICEMAX CARD:** Card Number _____
- VISA** **MC** **AMEX** **Discover** **ATM** **Diners**
Card Number _____ Exp ____/____
- VISA** **MC** **AMEX** **Discover** **ATM** **Diners**
Card Number _____ Exp ____/____
- VISA** **MC** **AMEX** **Discover** **ATM** **Diners**
Card Number _____ Exp ____/____
- VISA** **MC** **AMEX** **Discover** **ATM** **Diners**
Card Number _____ Exp ____/____

*Please return this form to the DCF office at P.O. Box 6182, San Rafael, CA 94903
Phone: (415) 492-3500 Fax: (415) 492-3540 Email: dcf@marin.k12.ca.us*