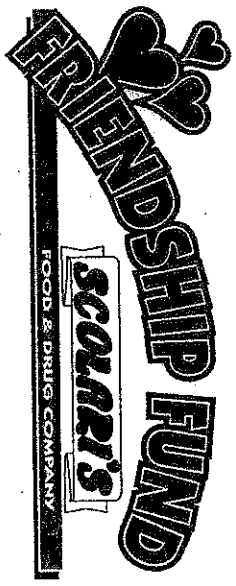


Friendship Fund Enrollment Form

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

4	5	0	0																
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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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MI

CUSTOMER SIGNATURE _____ DATE _____

NEW FRIENDSHIP FUND INFORMATION

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

ORGANIZATION CODE

2	3	0	2
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Please complete and give to Store Manager.