



ABC PROGRAM ENROLLMENT FORM



Current Heinen's Preferred Card Number: _____

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone Number: _____

Designated School: _____

E-mail Address: _____

At Heinen's, we value and respect your e-mail privacy. We DO NOT share e-mail addresses with outside companies and will only e-mail you per your instructions below. Please check ALL that you are interested in receiving.

- Special Offers, discounts and/or promotions that provide additional opportunities to save money on grocery shopping.
- Health, wellness and/or nutritional information: recipes and/or meal solution ideas.
- I would like to receive the Heinen's Weekly Ad via e-mail.
- Please e-mail me Heinen's monthly E-Wine Source newsletter with timely information on our award-winning selection of wines, tasting notes and special offers.

Total number of people in your household: _____ Adults: _____ Children: _____

Preferred Card Application

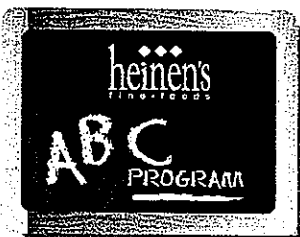
Name: _____

Address: _____

City: _____ Zip: _____

Home Phone Number: _____

(This application does not allow check cashing privileges at Heinen's. Please see the Customer Service Desk Associate for additional information).



Help support your school by enrolling in the Heinen's ABC Program

Register your Heinen's Preferred Card to earn **1%** of your purchases from September 1st through April 30th. Show your Heinen's Preferred Card every time you shop and your purchases will be automatically tracked.