

SCRIP BENEFICIARY APPLICATION

Nugget Market, Inc.

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

Organization's Website: _____

Monthly Scrip Contribution should be made payable: _____

Scrip Coordinator Name: _____

Scrip Coordinator Phone: _____

Scrip Coordinator Email: _____

Your organization is a:

Nonprofit; 501(c3): _____

Educational Institution; Name of Institution: _____

Organization sanctioned by an Educational Institution;

Name of Organization: _____

Name of Educational Institution (district or school): _____

Nugget Market, Inc. reserves the right to request additional information to confirm eligibility.

Number of Nugget Markets Scrip Cards: _____

Number of Food 4 Less Scrip Cards: _____

Receive up to a total of 250 FREE Scrip Cards annually. There will be a 50¢ charge per card after 250 cards have been distributed within a 12-month period.

For office use only

Short Code: _____

Date Entered: _____

Date Posted: _____

FMS: _____

Org. Contacted: _____

Card Count: _____

Card Range: _____