



Support While You Shop!



Kroger Community Rewards®

Link your card at www.KrogerCommunityRewards.com.

If you have an existing account, click on "Sign In", otherwise click on "Create an Account".

If you are a new online customer:

- * Enter the requested information.
- * Once complete you will get a message asking you to check your e-mail and click on the link in the body of the e-mail to activate your Kroger account.

Already have a Kroger.com account?

- * Enter e-mail address and password and "Sign In".
- * Click on Community then on "Community Rewards". Then click enroll now, complete personal information, and click save.
- * Enter number **90467** and then click "Search".
- * Select NALL and click on "Save".

amazonsmile
You shop. Amazon gives.

Visit <http://smile.amazon.com/> and sign-in to your Amazon account using your regular Log-In Information.

- * In the search box that says "Charity Name or Location", enter **76-0343646** and hit "search".
- * Select "NASA Area Little League".
- * Start Shopping! Your shopping experience will be the same as before- there's no cost to you associated with using AmazonSmile!

For your purchases to benefit NALL, you must **ALWAYS** use smile.amazon.com and **not** amazon.com.

To ensure you always log-in correctly, bookmark this URL:

<https://smile.amazon.com/ch/76-0343646>



Cut Here



GOOD NEIGHBOR PROGRAM

Complete this portion to link your Remarkable Card to the charity of your choice. You can choose to link up to three charities. Contact your charity of choice and ask if they are a member of our Good Neighbor Program or ask the Courtesy Booth for the GNP number of a particular charity. To learn about the Good Neighbor Program, go to www.randalls.com.

REMARKABLE CARD NUMBER:

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Don't know your card number? Call Customer Care at 1-877-723-3929.

Charity to be added to your card:

1. Charity # 8068
2. Charity # _____
3. Charity # _____

Charity to be deleted from your card:

1. Charity # _____
2. Charity # _____
3. Charity # _____

APPLICANT NAME (PLEASE PRINT) _____

PHONE _____

APPLICANT SIGNATURE _____

DATE _____

PLEASE RETURN THIS FORM TO YOUR NEIGHBORHOOD RANDALLS COURTESY BOOTH

OFFICE USE ONLY: STORE # _____

COURTESY BOOTH: SEND THIS COMPLETED FORM TO THE MAILROOM - ATTN: DATA CENTER OF ARIZONA

Randalls
Ingredients for life..