



ATTENTION CASHIER
Card number must be affixed here

'B' Caring Card Registration

To Start Earning for _____
Group Name

Visit Bartell Drugs to Pick Up a 'B' Caring Card
and Complete this Form.



Use the card every time you shop and earn up to 4% of your purchase amount for our group.

Complete the following

Please print clearly. All fields below are required to register with eScrip.

Name: _____

Email: _____

➔ Email required to confirm your participation

Mailing Address: _____

City: _____

State: Zip:

Phone/Cell Number: - -

➔ Your phone number will be linked to your account. When checking out please provide the cashier with either your card or your phone number.