



Gift Card Fundraiser Enrollment Form

Name of Non Profit Organization: _____

Tax ID Number (501©3) _____

Street: _____

City/State/Zip: _____

Name of Contact(s): _____

Phone number(s): () _____ Day Time

() _____ Evening/Cell

E-mail (optional): _____@_____

Primary Store for Pick Up _____

Please fax this form along with your federal form to 301-618-4998

OR

Mail to: Giant Food, 8301 Professional Place, Suite 115, Landover,
Maryland 20785

Thank your for choosing Giant Food / Stop and Shop Supermarket
We appreciate your business.