

Randall's Giving Program



Link your Randall's Remarkable Card to [Hudson Bend Middle School](#) and our school will receive a donation from Randall's for 1% of our supporters' total grocery purchases each quarter!

Just print the Good Neighbor Form, fill in your personal information and stop by the store Courtesy Booth, or email it to good.neighbor@randalls.com to link your Remarkable Card to Charity #11775.

The form is provided for you on the next page or at:

https://www.randalls.com/content/dam/store/good-neighbor/GOOD_NEIGHBOR_CHARITY_RAN.pdf

¡Vincule su tarjeta Randall's Remarkable Card con [Hudson Bend Middle School](#) y nuestra escuela recibirá una donación de Randall's por el 1% de las compras totales de comestibles de nuestros seguidores cada trimestre!

Simplemente imprima el Formulario de buen vecino, complete su información personal y pase por el puesto de cortesía de la tienda, o envíelo por correo electrónico a good.neighbor@randalls.com para vincular su Tarjeta Remarkable a la organización benéfica # 11775.

El formulario se le proporciona en la página siguiente o en:

https://www.randalls.com/content/dam/store/good-neighbor/GOOD_NEIGHBOR_CHARITY_RAN.pdf

HBMS PTO is a separate legal entity and is not directly affiliated with Hudson Bend Middle School or the Lake Travis Independent School District

HBMS PTO es una entidad legal separada y no está directamente afiliada con Hudson Bend Middle School ni del Distrito Escolar independiente de Lake Travis



GOOD NEIGHBOR PROGRAM

Complete this form to link your Loyalty account to the organization of your choice. You can choose to link up to three organizations. Contact your organization of choice and ask if they are a member of Randalls Good Neighbor program or call 1-888-334-8240 to get the GNP number.

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 # 11775
2. Charity # _____
3. Charity # _____

Charity to be deleted to your card:

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

APPLICANT NAME (PLEASE PRINT) _____

PHONE (linked to loyalty account) _____

APPLICANT SIGNATURE _____

DATE _____

PLEASE RETURN THIS FORM TO YOUR NEIGHBORHOOD RANDALLS CUSTOMER SERVICE DESK OR EMAIL YOUR RESPONSES TO good.neighbor@randalls.com

OFFICE USE ONLY: STORE # _____
STORE INSTRUCTIONS: SEND THIS COMPLETED FORM TO THE MAILROOM - ATTN: GOOD NEIGHBOR PROGRAM