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Hillsborough Schools Foundation	119539687
Group Name	Group ID#

If Group Names and ID#'s are not filled in contact your Group Coordinator or visit www.escrip.com

** Required Information*

STEP 1

Last Name* First Name*

Address*

City* State* Zip Code*

eMail Address Phone Number

Please Check Applicable Boxes*

☐ New eScrip Supporter

☐ Current eScrip Supporter _____ eScrip Supporter ID # **(If you know it.)**

☐ Changing Designated Group

☐ Adding Designated Group

Previous Designated Group Name:_____

STEP 2

CARD TYPE	CARD NUMBER

STEP 3

FAX (if possible) the completed form to 1-530-268-4843, or turn in the form to the school office. Thank you!

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