



This form is to be used for linking members' Kroger Plus cards. Return this completed form to Neighborhood Housing Services of Richmond, Inc.'s Kroger Community Rewards Coordinator. Email [srobinson@nhsofr.org](mailto:srobinson@nhsofr.org) or Fax (804) 329-2100

**Customer Sign Up:**

**Kroger Plus Card # (12 digits)** \_\_\_\_\_



First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day phone ( ) \_\_\_\_\_

Email address \_\_\_\_\_



This form is to be used for linking members' Kroger Plus cards. Return this completed form to Neighborhood Housing Services of Richmond, Inc.'s Kroger Community Rewards Coordinator. Email [srobinson@nhsofr.org](mailto:srobinson@nhsofr.org) or Fax (804) 329-2100

**Customer Sign Up:**

**Kroger Plus Card # (12 digits)** \_\_\_\_\_



First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day phone ( ) \_\_\_\_\_

Email address \_\_\_\_\_

