

WHO REALLY CARES ABOUT SENIOR CITIZENS?

WHITE CROSS DRUG DOES!



SENIOR CITIZENS--PLEASE NOTE

SAVE AN EXTRA 10% ON ALL PRESCRIPTIONS! YOUR

NO COST TO JOIN
JUST FILL IN THIS APPLICATION

All Senior Citizens 60 years of age or older (or who will be 60 this year) are eligible to join this Discount Prescription Plan. Upon approval of your application, you will receive an official membership card. Just show the card to your WHITE+CROSS Pharmacist and your prescription will be filled at an additional 10% saving off our already low, low discount prices.

Join this no cost, no obligation, money saving plan now, and take advantage of the extra savings. Fill in the handy application form and mail it today. Your official membership card will be mailed to you shortly.

*Bring Either Or Both Applications To Your Local White Cross Drug (Address Below) Or Mail To White Cross Stores Inc., 339 Haymaker Rd., Monroeville, Pa. 15146

OFFICIAL MEMBERSHIP APPLICATION

WHITE + CROSS

Without cost or obligation, please send [me] - [us] a membership card, instructions, and information about the WHITE CROSS Senior Citizens fabulous discount plan. Please print clearly.
Mail To White Cross Stores, Inc. 339 Haymaker Rd., Monroeville, Pa. 15146

MR. (Last Name) (First Name) (Initial)	MRS. (Last Name) (First Name) (Initial)
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE Zip Code	STATE Zip Code
SOCIAL SECURITY NO. (If None - Mark None)	SOCIAL SECURITY NO. (If None - Mark None)
DATE OF BIRTH (Month) (Day) (Year)	DATE OF BIRTH (Month) (Day) (Year)
SIGNATURE (I attest the above information is true)	SIGNATURE (I attest the above information is true)
DATE	DATE

NOT VALID IN STATES WHERE PROHIBITED BY LAW



PARENTS OF CHILDREN 3 YEARS OLD OR YOUNGER SAVE AN EXTRA 10% ON ALL PRESCRIPTIONS

NO COST TO JOIN-FILL IN

All babies 3 years old or younger are eligible to join our Baby Bonus Plan. Upon approval of your application you will receive an official membership card. Present the card to your WHITE+CROSS PHARMACIST, and your prescription will be filled at an additional 10% Saving off our already low, low discount price.

OFFICIAL MEMBERSHIP APPLICATION

WHITE + CROSS

Without cost or obligation please send [me] - [us] a membership card, instructions, and information about the WHITE CROSS Baby bonus fabulous discount Plan. Please print clearly.
Mail To White Cross Stores, Inc. 339 Haymaker Rd., Monroeville, Pa. 15146

BABY'S NAME (First) (Initial) (Last) (Date of Birth) (Age)
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BABY'S NAME (First) (Initial) (Last) (Date of Birth) (Age)
BABY'S NAME (First) (Initial) (Last) (Date of Birth) (Age)
STREET ADDRESS
CITY STATE ZIP
PARENT'S OR GUARDIAN'S NAME
PARENT'S OR GUARDIAN'S SIGNATURE (I attest that all of the above information is true)

NOT VALID IN STATES WHERE PROHIBITED BY LAW

WHITE + CROSS DRUG

RT. US 64 & 276
IN BREVARD PLAZA SHOPPING CENTER