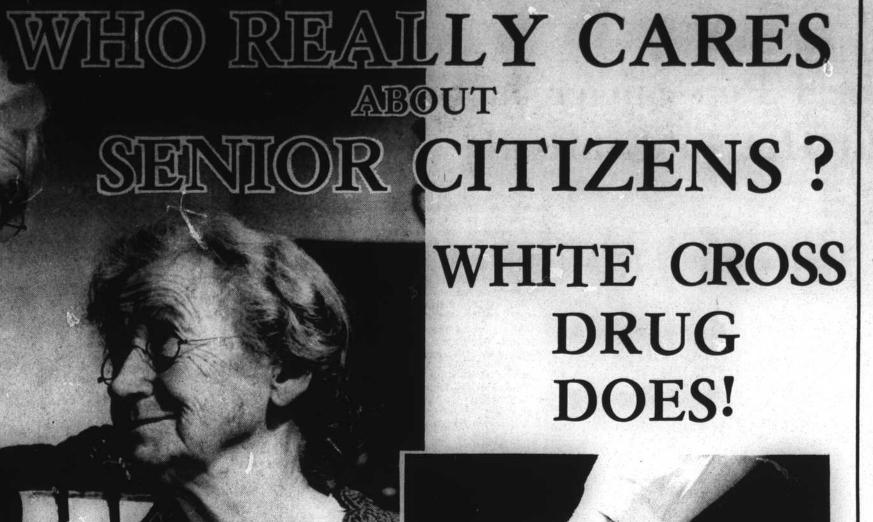
SENIOR CITIZENS-PLEASE NOTE SAVE AN 10% ON ALL PRESCRIPTIONS!



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

	CROSS
Without cost or obligation, please send	[me] - [us] a membership card,
instructions, and information about th Citizens fabulous discount plan. Please p	print clearly.
Mail To White Cross Stores, Inc. 33	9 Haymaker Rd., Monroeville, Pa. 1514 MISS
IR(Last Name) (First Name) (Initial)	MRS. (Last Name) (First Name) (Initia
TREET ADDRESS	STREET ADDRESS
TTY	CITY
STATEZip Code	STATEZip Code
	SOCIAL SECURITY NO
SOCIAL SECURITY NO If None - Mark None	If None - Mark None
DATE OF BIRTH	_ DATE OF BIRTH(Month) (Day) (Year)
	SIGNATURE
(I attest the above information is true)	(I attest the above information is true)

PARENTS OF CHILDREN 3 YEARS OLD OR YOUNGER SAVE AN 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 PHAR-MACIST, and your prescription will be filled at an additional 10% Saving off our already low, low discount price.

	WHIT	ECRO	CROS	S	1
Without cost	or obligation	please send (me] - [us] a r	nembership card,	1.2
instructions,	and information	Please print	e WHITE CF	IOSS Baby bonus	X
Mail To Wh	nite Cross S	tores, Inc. 33	9 Haymaker	Rd., Monroeville, l	Pa. 15146
ABY'S NAME	* (First)	(Initial)	(Lest)	(Date of Birth)	(Age)
ABY'S NAME	(First)	(Initial)	(Last)	(Date of Birth)	(Age)
ABY'S NAME	(First)	(Initial)	(Lest)	(Date of Birth)	(Age)
ABY'S NAME				(Date of Birth)	
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