Care2Share Affinity Program Account Linking/Un-Linking Form

Accounthold	er Name (please print)			SSN#/Tax ID#	Date
Address					
City, State, Z	Zip				FOR INTERNAL
ACCOUNT LINKING/UNLINKING					FOR INTERNAL USE ONLY
Clink	O Un-Link	T1: A		0	
		This Account #	to	Organization's Full Name - No Abbreviations	Code #
O Link	O Un-Link	This Account #	to	Organization's Full Name - No Abbreviations	Code #
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O Link	O Un-Link	This Account #	to	Organization's Full Name - No Abbreviations	Code #
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