

McDaniel's **Do it center**

The Best Reward™ Program

Simply fill out this enrollment form and make your shopping with us more rewarding. Print and bring this form to the store or email form to doitcenter@aol.com

First Name

Last Name

Address

Unit #

City

State

Zip Code

Phone Number

Birthday (MO/DY/YEAR)

Email Address

New Application Replacement Card

Please do not include me in your mailing list. I realize that, by checking this box, I will not receive any additional offers or savings by mail.

Optional Information

Spouse's Name

Birthday (MO/DY/YEAR)

Child's Name

Birthday (MO/DY/YEAR)

We are proud to be a community member. The information you provide us will be held in the strictest of confidence.

For Store use only

Affix Do it Best® Rewards Program decal here.