



SAVVERS Card Application Form - Seniors

Last Name _____ First Name _____

Address _____ Phone _____

_____ E-Mail _____

City/Zip _____

Date of Birth _____

Please attach a COPY of identification showing your birthday. You must be 60 years of age or older to qualify.

Attach copy here

Please return this form to:

SAVVERS Discount Program
One Bergen County Plaza -2nd Floor
Hackensack, NJ 07601