



## SAVVERS Card Application Form – Military Veteran

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_

City/Zip \_\_\_\_\_

### Spouse Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Please attach a COPY of identification of your veteran status.

Attach copy here

Please return this form to:

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