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The CheapRX Points Reward Program

Tell us about your friends or family members who could benefit from prescription drug savings. Before CheapRX Points are credited to your account, this form must be completed in its entirety and submitted to us. Please make sure the information provided is accurate. We will attempt to verify the accuracy of this information before crediting your account. **Incorrect information may result in processing delays or, in some cases, void this offer.**

Your Name: _____ Telephone Number: _____ Date: _____

Friend 1

First Name: _____ Last Name: _____

Telephone: _____ Email: _____

Friend 2

First Name: _____ Last Name: _____

Telephone: _____ Email: _____

Friend 3

First Name: _____ Last Name: _____

Telephone: _____ Email: _____

FAX TO 1-877-278-5359 or Mail to Address Above