



SavRX Enrollment Form

Kiwanis Members:

Please complete the form below to enroll in the SavRX Prescription Drug Plan. **Annual enrollment is required.**

Name: _____
Date of Birth _____
Social Security #: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____

Please include your check in the amount of \$20.00 made payable to Doyle Rowe LTD and return to:

Doyle Rowe LTD
105 South York Street
Elmhurst, IL 60126

Questions? Call the Doyle Rowe LTD Enrollment Hotline at 1-877-845-1793.