

# **Zion-Concord Lutheran School**

## **2018-2019 Milk Order Form**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Number of milks your student should receive each day: \_\_\_\_\_ x \$40.00 = \_\_\_\_\_

For my daily milk order, I would like \_\_\_\_\_ of them to be 1% white milk and \_\_\_\_\_ low fat chocolate milk.

\_\_\_\_\_ I have included my payment (cash or check) with this form.

\_\_\_\_\_ I would like to use a credit/debit card through the office to pay

\_\_\_\_\_ I would like to pay through Sycamore, please bill me there.

All payments must be received by September 1st, 2018 to ensure your child will receive a daily milk

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

# **Zion-Concord Lutheran School**

## **2018-2019 Milk Order Form**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Number of milks your student should receive each day: \_\_\_\_\_ x \$40.00 = \_\_\_\_\_

For my daily milk order, I would like \_\_\_\_\_ of them to be 1% white milk and \_\_\_\_\_ low fat chocolate milk.

\_\_\_\_\_ I have included my payment (cash or check) with this form.

\_\_\_\_\_ I would like to use a credit/debit card through the office to pay

\_\_\_\_\_ I would like to pay through Sycamore, please bill me there.

All payments must be received by September 1st, 2018 to ensure your child will receive a daily milk

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_