

Family Name: _____

****Please order ONE type of milk per child****
Cost per unit of milk is \$0.60.

Period	# of Days	Deadline	Amount	Cheque #
March	18	Thursday February 25, 2010	10.80	

Name of Child	Teacher's Name	White Milk	Chocolate Milk

Parent Signature: _____

- Please send one order form per family
- Please select your child's choice of one milk flavor per child
- Cheques only please
- Please make cheques payable to St. Marguerite d'Youville.
- Please return the order form and payment by

➤

The Hot Lunch and popcorn programs are in a separate account.
Please pay for the three programs individually.

Thursday February 25, 2010 - No Later

No late orders will be accepted

Orders will come home monthly