



Dear Parents,

I would like to order milk for the month of February.
Please return this form by FRIDAY, JANUARY 25th

*Your child may have a choice of milk.
Please mark your choice.*

1% White Milk _____ \$6.65 for February
1% Chocolate Milk _____ \$6.65 for February

Please pay by **SEPARATE** check payable to
"St. Therese School"

Name: _____

Grade _____

Amount Paid: _____

Check Number: _____



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