



Dear Parents,

I would like to order milk for the month of April.
Please return this form by **MARCH 26, 2019**

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

1% White Milk _____ \$5.25 for April
1% Chocolate Milk _____ \$5.25 for April

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

Name: _____

Grade _____

Amount Paid: _____

Check Number: _____