



Dear Parents,

I would like to order milk for the month of **May**.  
Please return this form by **Monday, April 29<sup>th</sup>**

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

1% White Milk \_\_\_\_\_ \$6.65 for May  
1% Chocolate Milk \_\_\_\_\_ \$6.65 for May

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

Name: \_\_\_\_\_

Grade \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_