



Dear Parents,

I would like to order milk for the month of June.
Please return this form by Thursday, May 30, 2019

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

1% White Milk _____ \$3.15 for June
1% Chocolate Milk _____ \$3.15for June

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

Name: _____

Grade _____

Amount Paid: _____

Check Number: _____