

McKenzie PTA Grocery Dollars Order Form

Please Print

Date _____

Check One

Monthly Subscription _____ One Time Purchase _____

Name _____

Child Name(s) and Grade(s) _____

Address

Phone

E-mail Address _____

Choice of Store(s)	Dominick's	\$	/month
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Fresh Market \$ /month

Jewel/Osco	\$	/month
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Treasure Island \$ /month

DOMINICK'S Fresh Value Card #

(for eScrip-see escrip.com)

[illegible]

For charge customers: (Minimum charge order is \$200)

Name as listed on card

Check one: MasterCard Visa Discover CSC Code

Card Number _____ Expiration Date _____

Authorized Signature _____

****School Profit Percentage:**

Checks or Automatic Check-Pay through Online Banking: 5%

Discover: 3%

Visa/Mastercard: 2.5%

THANK YOU!—See you at the Grocery Store!

Contact: Jennifer Lind mckenziegrocery@sbcglobal.net or 847-251-9426