

# **Grocery Dollars Order Form**

**Please Print:**

Date: \_\_\_\_\_

Subscription \_\_\_\_\_ One Time Purchase \_\_\_\_\_

Name \_\_\_\_\_

Child Name(s) and Grade(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(This will be kept confidential.)

Choice of store(s): Dominick's	\$ _____ / month
Jewel/Osco	\$ _____ / month
Whole Foods	\$ _____ / month
Treasure Island	\$ _____ / month

Dominicks Fresh Value # \_\_\_\_\_  
(for eScrips)

**Payment information** (circle one):      **CHECK\*\***      or      **CHARGE\*\***  
(preferred)

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

Name as listed on card \_\_\_\_\_

Check one: Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_  
(Discover is preferred as it charges us the lowest fees)

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: Tip Walker [mckenziegrocery@sbcglobal.net](mailto:mckenziegrocery@sbcglobal.net) or 847-256-6128