

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

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 or 847-256-6128