

LUNCH TICKET CHARGE

I authorize Community Consolidated School District 46 to charge my credit card for the purchase of my child's lunch ticket .

Name of Child: _____

School: _____

Teacher: _____ Grade: _____

Please charge my: _____ VISA _____ MasterCard

Amount: 20 Lunches with Milk for \$45.00 _____ 20 Breakfasts for \$20.00 _____

 10 Lunches with Milk for \$22.50 _____ 10 Breakfasts for \$10.00 _____

 20 Punch Milk Ticket for \$7.00 _____

Automatically renew my child's lunch ticket when it has one punch left _____

Parent's Name (please print): _____

Address: _____

City & Zip Code: _____

Phone Number: _____

Work/Cell Phone Number: _____

Credit Card Number: _____

Expiration Date: _____

Signature: _____ Date: _____

E-mail address for Receipt: _____

Any questions call Sharon at (847)543-5809.

(Registrar's Half)

(Preferred Meal Systems, Inc. Half)

A _____ 20 lunch meal ticket for \$45.00 _____ 10 lunch meal ticket for \$22.50
_____ 20 punch milk ticket for \$7.00 _____ 20 breakfast ticket for \$20.00 _____ 10
breakfast ticket for \$10.00 has been purchased for the following student.

Automatically renew this ticket: _____

Name of Child: _____

School: _____

Teacher: _____ Grade: _____

Any questions call Sharon at (847)543-5809.