

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 \_\_\_\_\_

10 Lunches with Milk for \$22.50 \_\_\_\_\_

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)543-5334.

*(District Office Half)*

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*(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 has been purchased for the following student.

Automatically renew this ticket: \_\_\_\_\_

Name of Child: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Any questions call Sharon at (847)543-5334.