

LUNCH TICKET CREDIT CARD CHARGE SLIP

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 _____ Discover

Amount: 20 Lunches with Milk for \$57.00 _____ 20 Breakfasts for \$34.00 _____

10 Lunches with Milk for \$28.50 _____ 10 Breakfasts for \$17.00 _____

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: _____

NO REFUNDS ISSUED FOR UNUSED TICKETS

(This half for School Lunch Vendor)

A _____ 20 lunch meal ticket for \$57.00 _____ 20 Breakfast Ticket for \$34.00

_____ 10 lunch meal ticket for \$28.50 _____ 10 Breakfast Ticket for \$17.00

_____ 20 Milk Ticket for \$7.00

Automatically renew this ticket: _____

Name of Child: _____

School: _____

Teacher: _____ Grade: _____

Any questions call (847)543-5809.

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