



# CHAMPSS RE-ORDER FORM

Name: \_\_\_\_\_

*Please Print*

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

City/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Card #: \_\_\_\_\_

*(The 16 digits as they appear on your CHAMPSS Card)*

Signature: \_\_\_\_\_

# of Meals ordered: \_\_\_\_\_

**Email address:** \_\_\_\_\_

## The Suggested Donation for CHAMPSS Meals is \$2.50 per day!

*Donation is confidential, the example below is to assist with your calculations.*

<u># of Meals</u>	<u>Suggested Donation</u>
10 meals	\$25.00
15 meals	\$37.50
20 meals	\$50.00

*The actual cost of the meal is in excess of \$5.00. Please be as generous as you can!*

### Please note the following:

- Completed order form should be returned with donation to:  
**Johnson County Nutrition Program, 11811 S. Sunset Dr., Ste.1300, Olathe, KS 66061**
- Checks should be made payable to "**Johnson County Nutrition Program.**"
- If you have any questions, please contact us at 913-715-8894.

### CHAMPY FEEDBACK

Questions, comments or concerns for CHAMPY? Provide them here:

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