Name: 
Address: 
City/State/Zip: 
Telephone: 
Email address: 
Card #: 
(The 16 digits as they appear on your CHAMPSS Card)

# of Meals ordered: __________

The Expected Donation for CHAMPSS is $4.00 per meal!
Meal order must not exceed 20 meals.

<table>
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<tr>
<th># of Meals</th>
<th>Suggested Donation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 meals</td>
<td>$20.00</td>
</tr>
<tr>
<td>10 meals</td>
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<tr>
<td>12 meals</td>
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The actual cost of the meal is over $6.00. Please be as generous as you can!

Please allow 5 days from the day you mail your order form for your meals to be reflected on your card.

This form may be duplicated or downloaded @ https://jocogov.org/dept/human-services/area-agency-aging/nutrition-services

Completed order form should be returned with donation to:
Johnson County Nutrition Program,
11811 S. Sunset Dr., Ste.1300, Olathe, KS 66061

PLEASE NOTE:
Make checks payable to “Johnson County Nutrition Program”.
There will be no refunds issued for meals not used.
If you have any questions, please contact us at 913-715-8894.

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