CHAMPSS RE-ORDER FORM

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>
<thead>
<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>
<td>$40.00</td>
</tr>
<tr>
<td>12 meals</td>
<td>$48.00</td>
</tr>
<tr>
<td>15 meals</td>
<td>$60.00</td>
</tr>
<tr>
<td>20 meals</td>
<td>$80.00</td>
</tr>
</tbody>
</table>

The actual cost of the meal is over $6.00. Please be as generous as you can!

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.
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