



CHAMPSS RE-ORDER FORM

Name: _____

Please Print

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.

<u># of Meals</u>	<u>Suggested Donation</u>
5 meals	\$20.00
10 meals	\$40.00
12 meals	\$48.00
15 meals	\$60.00
20 meals	\$80.00

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>



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