

## 2019 Sunday Lunch Order Form

Please Circle:                      Week 1 (July 12-14)                      or                      Week 2 (July 19-21)

Group Leader: \_\_\_\_\_

Group Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Enclosed is my payment of \$8.25 per sack lunch. \$8.25 x \_\_\_\_\_ = \$ \_\_\_\_\_  
number of lunches

Mastercard / Visa / Discover \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ card number \_\_\_\_\_ Total

Security Code: \_\_\_\_\_ Expiration date: \_\_\_\_\_ / \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Check # \_\_\_\_\_

Office of Youth Ministry, 20 Archbishop May Drive, St. Louis, MO 63119

Return this card with payment by June <sup>3rd</sup>, 2019