

2023 Sunday Lunch Order Form

Please Circle: Week 1 (July 7-9) or Week 2 (July 14-16)

Group Leader: _____

Group Name: _____ Cell phone: _____

Enclosed is my payment of \$10.00 per sack lunch. \$10.00 x _____ = \$ _____
number of lunches

Mastercard /Visa/Discover _____ Total
card number

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 1st, 2023