2024 Sunday Lunch Order Form

Please Circle: Week 1 (July 5-7) or Week 2 (July 12-14)

Group Leader:_____

Group Name:_____ Cell phone:_____

Enclosed is my payment of $10.50 per sack lunch. $10.50 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 May 30th, 2024. Checks preferred.