



REORDER FORM

C hoosing H	ealthy <u>A</u> ppetizing <u>M</u> eal <u>P</u> lan <u>S</u> olutions for <u>S</u> eniors
Please Print Name:	
Address:	
City/State/Zip:	
Telephone:	
CHAMPSS	6010 9600
Card #	16 digits as they appear on your CHAMPSS Card
Number of me	als ordered:
The	suggested donation for CHAMPSS is \$3.50 per meal.

The maximum meal reorder is 12. Meals expire 12 months from order date.

# of Meals	Suggested Donation
4 meals	\$14.00
8 meals	\$28.00
10 meals	\$35.00
12 meals	\$42.00

Please return completed order form with donation made payable to:

Jayhawk Area Agency on Aging 2910 SW Topeka Blvd., Topeka, KS 66611

If you have any questions, please contact us at (785)235-1367 or (800)798-1366





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