# ORDER FORM

Choosing Healthy Appetizing Meal Plan Solutions for Seniors

Please Print

Name: _____________________________________________________
Address: ___________________________________________________
City/State/Zip: _______________________________________________
Telephone: __________________________________________________

CHAMPSS Card #: 6010 9600 __ __ __ __ __ __ __ __
16 digits as they appear on your CHAMPSS Card

Number of meals ordered: ____________
The suggested donation for CHAMPSS is $3.50 per meal.

Meals expire 12 months from order date.

<table>
<thead>
<tr>
<th># of Meals</th>
<th>Suggested Donation</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 meals</td>
<td>$14.00</td>
</tr>
<tr>
<td>8 meals</td>
<td>$28.00</td>
</tr>
<tr>
<td>10 meals</td>
<td>$35.00</td>
</tr>
<tr>
<td>12 meals</td>
<td>$42.00</td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY: CHK #__________ CASH: __________ CC: __________ No Donation: _____

Please return completed order form with donation made payable to:

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

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

---

# ORDER FORM

Choosing Healthy Appetizing Meal Plan Solutions for Seniors

Please Print

Name: _____________________________________________________
Address: ___________________________________________________
City/State/Zip: _______________________________________________
Telephone: __________________________________________________

CHAMPSS Card #: 6010 9600 __ __ __ __ __ __ __ __
16 digits as they appear on your CHAMPSS Card

Number of meals ordered: ____________
The suggested donation for CHAMPSS is $3.50 per meal.

Meals expire 12 months from order date.

<table>
<thead>
<tr>
<th># of Meals</th>
<th>Suggested Donation</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 meals</td>
<td>$14.00</td>
</tr>
<tr>
<td>8 meals</td>
<td>$28.00</td>
</tr>
<tr>
<td>10 meals</td>
<td>$35.00</td>
</tr>
<tr>
<td>12 meals</td>
<td>$42.00</td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY: CHK #__________ CASH: __________ CC: __________ No Donation: _____

Please return completed order form with donation made payable to:

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

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