

ORDER FORM

 $\underline{\textbf{\textit{C}}}$ hoosing $\underline{\textbf{\textit{H}}}$ ealthy $\underline{\textbf{\textit{A}}}$ ppetizing $\underline{\textbf{\textit{M}}}$ eal $\underline{\textbf{\textit{P}}}$ lan $\underline{\textbf{\textit{S}}}$ olutions for $\underline{\textbf{\textit{S}}}$ eniors

Please Print

Name):							
Address:								
City/State/Zip:								
Telephone:								
CHAMPSS Card #		6010 96	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.								
Meal order must not exceed 12 meal		exceed 12 meals.	Meals expire 12 months	s from order date.				
	<u># of M</u>	<u>eals</u>	Suggested [<u>Donation</u>				
	4 meals		\$14.0	00				
	8 meals		\$28.0	00				
	10 me	eals	\$35.0	00				
	12 mea	als	\$42.0	00				
FOR OFFICE USE ONLY: OHK# CAS			ı œ	No Donation:				
Please return completed order form with donation made payable to:								
JAYHAWK AREA AGENCY ON AGING, INC. 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

Shawnee, Jefferson & Douglas Counties



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