

Print Family Last Name: \_\_\_\_\_

# February Hot Lunch Order Form

For Wednesday, February 21st

**ORDER DEADLINE – Thursday, February 15th**



## CHOICE #1

**8 piece Chicken Nuggets, Fruit & Bottled Water**

Child Name	Grade	Qty	Price	Total
_____	_____	_____	@ \$5.50 =	\$ _____
_____	_____	_____	@ \$5.50 =	\$ _____
_____	_____	_____	@ \$5.50 =	\$ _____
_____	_____	_____	@ \$5.50 =	\$ _____

## CHOICE #2

**Chicken Sandwich, Fruit & Bottled Water**

Child Name	Grade	Qty	Price	Total
_____	_____	_____	@ \$5.50 =	\$ _____
_____	_____	_____	@ \$5.50 =	\$ _____
_____	_____	_____	@ \$5.50 =	\$ _____
_____	_____	_____	@ \$5.50 =	\$ _____

TOTAL ORDER \$

**DO NOT SEND PAYMENT WITH THIS FORM**

By signing below, I authorize Our Lady of Grace Catholic School to apply the charges above to my FACTS Incidentals Account, and I understand the charges will be invoiced according to the FACTS Incidentals Billing Schedule. I further understand that the ability to apply charges to my FACTS Incidentals Account is contingent upon the Auto Pay Feature being activated. I authorize OLG to activate the Auto Pay Feature on my FACTS Incidentals Account for these charges and I understand that these charges will be automatically deducted from my financial account on the invoice due date unless the charges have been paid in full directly to FACTS at least 3 business days prior to the invoice due date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date