



# MILK COUPON



**WHITE MILK / CHOCOLATE MILK**

**\$14.00 for 12 Milk OR**  **\$28.00 for 24 Milk**

FAMILY NAME (Print) \_\_\_\_\_

I would like my child(ren)

\_\_\_\_\_ Gr: \_\_\_ *E or F* to have \_\_\_ chocolate \_\_\_ white  
(Name)

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(Name)

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Please make cheques payable to: Holy Family RCSSD



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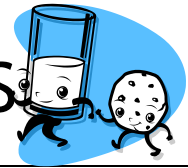
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(Name)

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# MILK PROGRAM VOLUNTEERS



Month	Week	Volunteers
		<hr/> <hr/> <hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/> <hr/> <hr/>

THANK YOU!

MERCI!