

Grocery Dollars Order Form

Please Print:

Date: _____

Subscription _____ One Time Purchase _____

Name _____

Child Name(s) and Grade(s): _____

Address: _____

Phone: _____

E-mail Address: _____

(This will be kept confidential.)

Choice of store(s): Dominick's	\$ _____/month
Jewel/Osco	\$ _____/month
Fresh Market	\$ _____/month
Treasure Island	\$ _____/month
Whole Foods	\$ _____/month

Dominick's Fresh Value # _____
(for eScrips)

Payment information (circle one): **CHECK**** or **CHARGE****
(preferred)

For charge customers:

(Minimum charge order is \$200.)

Name as listed on card _____

Check one: Master Card _____ Visa _____ Discover _____
(Discover is preferred as it charges us the lowest fees)

Card Number _____ Expiration Date _____

Authorized Signature _____

** Please remember, McKenzie profits are higher with checks than credit cards

School Profit Percentage:

Checks or Automatic Check-Pay through Online Banking: 5%

Discover: 3%

Visa/Mastercard: 2.5%

Thank you! See you at the Grocery Store!

Contact: Tip Walker mckenziegrocery@sbcglobal.net or 847-712-0973