



## MILK ORDER FORM 2024-2025

\*\*\*One order form per family\*\*\*

**\$6.00** per child pays for **1 carton daily** for the entire school year.

Chocolate is fat-free / white is 1%

NAME	GRADE	# CHOC/day	# WHITE/day

**TOTAL CARTONS** \_\_\_\_\_ x \$6.00 = \$ \_\_\_\_\_ **Total cost for the year**

Cash

Check - payable to OLOM; please write "milk" on the memo line

Questions? Contact Lynne Rutland at [lrutland@olom.org](mailto:lrutland@olom.org) or 301-365-4477