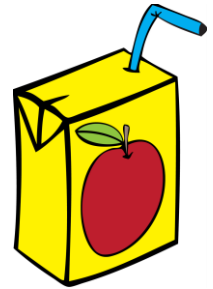# Pizza Days at O.M. M^{ac}KILLOP

Pizza orders consist of one (1) or two (2) slices of cheese pizza, a large cookie and a 100% real fruit juice drink. All food meets the new Ontario Health guidelines for Public Schools.   The money raised from his initiative will be used to fund school-related activities and needs.

Every Tuesday from April 7 – June 23, 2015

April 7, 14, 21, 28
May 5, 12, 19, 26
June 2, 9, 16, 23

Please fill out and return the form below by **Monday, March 23, 2015**

You have three payment options – either (1) enclose the *exact amount of cash* or (2) enclose a current-dated **cheque** for the full amount, or (3) a *current-dated cheque* for ½ the amount and a *post-dated cheque* for May 6, 2015 for ½ the amount. All cheques should be made payable to **O. M. MacKillop P.S.** *Change CANNOT be provided! * WE REQUIRE A FORM FOR EACH STUDENT.* Total payment can be made in one envelope and sent with any one of your children. Please include all of your children's forms in one envelope along with total combined payment.

PIZZA DAYS REQUIRE VOLUNTEERS

Please call or complete the bottom portion of this form if you are available for any of the above dates. Your time is needed from 12:45 to 1:15, especially for classes from Kindergarten to Grade 5. Please call if you have any questions or concerns.

Rachel Ussher 905-737-8627

PLEASE NOTE!
There will be no refunds for absent students

- - - - - - - - ·   *Please detach here and save above for future reference*   - - - - - - -

Please indicate your choice with a ✓ mark. (Total price for the above dates is marked in **BOLD.**

1 cheese slice @ $4.50/day X 12 days is **$54.00____**   Option 1:   Cash Enclosed: $_____ (full amount)

2 cheese slices @ $5.50/day X 12 days is **$66.00____**   Option 2:   Cheque Enclosed: $_____ (full amount)

Option 3:   Current Date Cheque: $_____ (1/2 amount)

* Orders can be adjusted for a faith day if necessary

May 6, 2015 Cheque: $_____ (1/2 amount)

Student Name_____

Teacher_____   Grade. _____

Please provide your name & number below if you are able to volunteer. WE NEED VOLUNTEERS!

_____   _____   _____
Date(s) Available   **Parent/Guardian (please print)**   **Telephone Number**