

4J Nutrition Service Department 200 North Monroe Street Eugene, Oregon 97402 (541)790-7656 nutrition@4j.lane.edu

## **Donate/Transfer/Refund Request Form**

Only fill out the section you are requesting

	Requ	est to Donate Meal A	Account Funds	
Parent Name:			Date:	
E-mail Address:	Last	First		
Student Name:	Parent e-mail Address			
School Attends:	Last	First	<i>M.I.</i> ID Number:	·
				Student Six Digit Number
Daytime Phone:		Cell	Phone:	
Amount to	Donate: \$	Do you need a Tax Deduc	tible Letter for your Donation?	YES NO NO
Comments	:			
	Reque	est to Transfer Meal	Account Funds	
Parent Name:			Date:	
E-mail Address:	Last	First		
	Parent e-mail Address			
Daytime Phone:		Cell	Cell Phone:	
Transfer Student Name:	Funds From:			
School	Last	First	М.І.	
Attends:		ID Number:		

Student Six Digit Number

Amo	ount to Transfer: \$			
Transfe Student	er Funds To:			
Name:	<del> </del>			
School	Last	First	I	М.І.
Attends:			ID Number:	
				Student Six Digit Numbe
			ant Defermed	
	K	equest for Meal Accou	nt Retund	
Disclosui	re: Refund Request may ta	ke up to 3-5 weeks to be processe	d.	
Parent				
Name:	1 4	First		ate:
E-mail	Last	FIFST		
Address:				
Mailing	Parent e-mail Address			
Address:				
	Refund check will be mailed to	o this address		
City			State	ZIP Code
Daytime	Phone:	Cell Pr	none:	
Student				
Name:				
School	Last	First	ı	М.1.
Attends:			ID Numb	er:
				Student Six Digit Number