



St. Thomas Episcopal School
Milk Ticket Order Form

Name: _____

Teacher: _____

Your child has _____ milk coupons left. If you would like to order more coupons, please fill this out and return it in your child's folder.

20 Milk Coupons for \$11

Amount purchasing: \$ _____

Please charge my FACTS account: _____ or I have enclosed a check _____.