



# ENOA Diner's Choice

## Order Form

Please Print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of Meals: \_\_\_\_\_

Completed order forms should be returned with contribution to:

### ENOA Diner's Choice Program

4780 South 131<sup>st</sup> St., Omaha, NE 68137

**The suggested contribution for ENOA Diner's Choice is \$6.00 per meal.**

*Meal order must not exceed 20 meals.*

Number of Meals	Suggested Contribution
2 Meals	\$12.00
5 Meals	\$30.00
10 Meals	\$60.00
15 Meals	\$90.00
20 Meals	\$120.00

Checks should be made payable to **"ENOA Diner's Choice Program"**

If you have any questions, please contact us at 402-444-6513.

You will receive a meal card for each meal ordered. They will not be replaced if lost. There will be no refunds issued for meals not used.

Your meal card can used at

**Hy-Vee Supermarkets located in**

**Omaha, NE,**

**Papillion, NE,**

**Fremont, NE**

**and**

**Plattsmouth, NE**

\*If you would like to use a credit card to make your contribution please use the back of this form\*

Credit Card contribution payment

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Service: \_\_\_\_\_

Amount: \_\_\_\_\_

Credit card  
type: \_\_\_\_\_

Credit card #: \_\_\_\_\_

Expiration  
date: \_\_\_\_\_

Security code: \_\_\_\_\_