



Lancaster Mennonite School

CAFETERIA ACCOUNT REFUND APPLICATION

Student(s) Name: _____ Grade: _____

Please select one of the options below for your refund:

_____ I prefer to donate the remaining balance to an LMS Caring Fund, which benefits students with financial need.

_____ Transfer the remaining balance to a sibling or friend who is currently enrolled in Lancaster Mennonite.

(First & Last name of sibling or friend):

_____ Refund the balance. Balances less than \$5.00, please call (717) 740-2452 for information on how to obtain a cash refund. Balances over \$5.00, will be refunded in the form of a check.

Make check payable to: _____

Address: _____

(Note: Processing checks may take 4-6 weeks.)

Parent Signature

Date

If you are uncertain about your student's account balance, please contact the Food Service Office at 717-740-2452 or email stricklerjd@lancastermennonite.org.

- Please note any balance of \$5.00 or less, with no notification received within 30 days from withdrawal, will be donated to the LMS Caring Fund to benefit students with financial need.

2176 Lincoln Highway East
Lancaster, PA 17602