**Please complete your money order as shown below**.

 Wynbrooke ASEDP Week of service

 Child’s Name/grade Your signature



 Wynbrooke ASEDP

 Your signature

 Childs’s name/grade

 Week of service



 Wynbrooke ASEDP

 Childs’s name/grade Week of service

All payments must list the following:

 Pay to the order of: Wynbrooke ASEDP

Week of Service: 8/8-8/12

Name/grade of student: Jane Doe/5th

Your Signature (if applicable) : Jennifer Doe