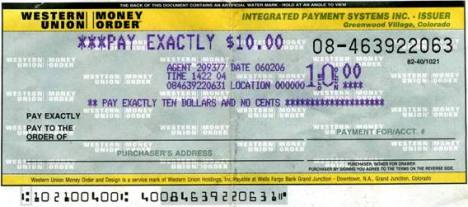
**Please complete your money order as shown below**.

Wynbrooke ASEDP Week of service

Child’s Name/grade Your signature

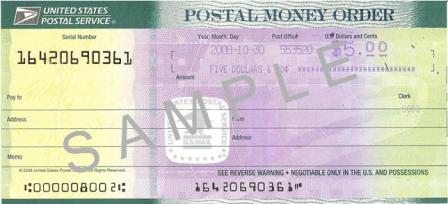


Wynbrooke ASEDP

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