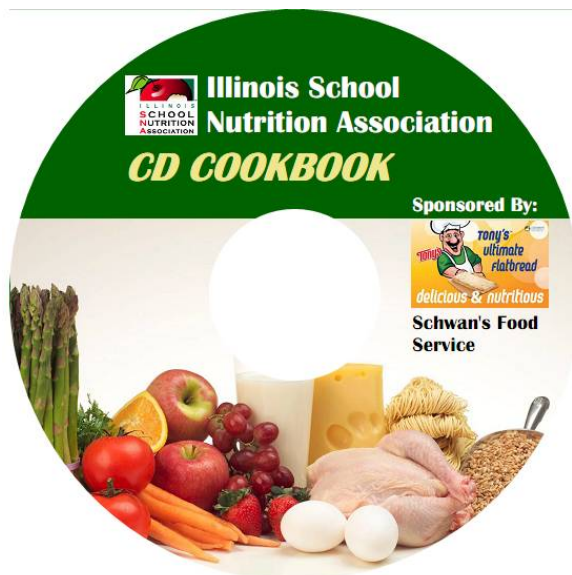




**ILLINOIS  
SCHOOL  
NUTRITION  
ASSOCIATION**

**CD Sponsored by:**

**Schwan's Food Service**



**The Illinois School Nutrition Association has been hard at work developing educational opportunities for our membership. One specific project was to create a Compact Disc Cookbook.**

**Recipes were requested and submitted by ILSNA Members designed to meet the newly proposed USDA guidelines, regarding the weekly requirement for legumes, dark green and orange vegetables, increasing student consumption of fruits, vegetables and whole grains while reducing the sodium, calories and fat in school meals.**

**Order your copy of the new CD Cookbook by completing the form and either fax to 217-529-9120 or e-mail: [ccoffman@associationcentral.org](mailto:ccoffman@associationcentral.org) at the ILSNA office. CD's are \$10.00 each plus \$5.00 for shipping/handling charges.**

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

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Quantity:** \_\_\_\_\_ **Order Amount: \$** \_\_\_\_\_

**Questions, contact the ILSNA office as 217-529-6578.**

## Credit Card Authorization

3085 Stevenson Drive, Suite 200  
Springfield, IL 62703  
217-529-6578  
217-529-9120 fax



ILLINOIS  
SCHOOL  
NUTRITION  
ASSOCIATION

*Making the right food choices, together*

To Our Valued Customers:

Visa, MasterCard, Discover, and AMEX have recently changed their procedures for processing credit cards over the telephone and by mail. To insure that we are in compliance we must have this receipt signed, authorizing use of your credit card for purchases. We must be able to produce this document when requested by the processor. Your personal, identifiable, information will be kept confidential and stored in a secure environment.

*If you have any questions, please do not hesitate to call us at 217-529-6578.*

Thank you for your continued trust and confidence.  
We appreciate your business.

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

Company Contact: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

I/ We, \_\_\_\_\_, allow the following total balance charged to our credit card:

Authorized Signature: \_\_\_\_\_

Total Charged: \$ \_\_\_\_\_ Email (for receipt): \_\_\_\_\_

### Credit Card Information

Card Type (Circle One):

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_     (MM/YY)

CVV2#: \_\_\_\_ (last three digits in the signature line on the back of the credit card)

Name (On Card): \_\_\_\_\_

Address (relating to card owner): \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please fax form to Bonnie Chandler c/o ILSNA at (217)529-9120.