



4J Nutrition Service Department
200 North Monroe Street
Eugene, Oregon 97402
(541)790-7656 nutrition@4j.lane.edu

Donate/Transfer/Refund Request Form

Only fill out the section you are requesting

Request to Donate Meal Account Funds

Parent Name: _____ Date: _____
Last First

E-mail Address: _____
Parent e-mail Address

Student Name: _____
Last First M.I.

School Attends: _____ ID Number: _____
Student Six Digit Number

Daytime Phone: _____ Cell Phone: _____

Amount to Donate: \$ _____ Do you need a Tax Deductible Letter for your Donation? YES NO

Comments: _____

Request to Transfer Meal Account Funds

Parent Name: _____ Date: _____
Last First

E-mail Address: _____
Parent e-mail Address

Daytime Phone: _____ Cell Phone: _____

Transfer Funds From:

Student Name: _____
Last First M.I.

School Attends: _____ ID Number: _____
Student Six Digit Number

Amount to Transfer: \$ _____

Transfer Funds To:

Student Name: _____
Last First M.I.

School Attends: _____ ID Number: _____
Student Six Digit Number

Request for Meal Account Refund

Disclosure: Refund Request may take up to 3-5 weeks to be processed.

Parent Name: _____ Date: _____
Last First

E-mail Address: _____
Parent e-mail Address

Mailing Address: _____
Refund check will be mailed to this address

City State ZIP Code

Daytime Phone: _____ Cell Phone: _____

Student Name: _____
Last First M.I.

School Attends: _____ ID Number: _____
Student Six Digit Number