

PLEASE PRINT CLEARLY

FORMS WITHOUT ALL INFORMATION REQUESTED MAY NOT BE PROCESSED
PLEASE ASK FOR THE CARD ON YOUR NEXT VISIT – WE DO NOT MAIL THEM

Beneficiary School _____

Customer Name _____

Address: _____

City _____ State/Zip _____

Phone Number _____

Email ID _____

Do you have child at this school - Yes No (please circle one)

Any Suggestions about the program or any other aspect of the store

Oceana Market, 200 Eureka Square, Pacifica, CA – 94044, 650-359-8181