

Bank Name	Money Order
	\$ \$40.00
PAY EXACTLY PAY TO THE ORDER OF <u>Commonwealth Family Childcare</u>	PAYMENT FOR/ACCT. # _____
_____ <i>Your Address Here</i> PURCHASER'S ADDRESS	_____ <i>Your Signature</i> PURCHASER'S SIGNATURE
Memo <u>Your Child's Name</u>	PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE
1234567890 1234567890	

Remember to Fill in ALL Fields

Always fill in your Child's Name. If there is no place for "memo", write in a blank space.

Always save your receipt until you are sure CFC, Inc. has received and posted payment.

Mail or Drop off at
 Commonwealth Family Childcare, Inc.
 PO Box F
 691 Broadway
 Raynham, MA 02767