

MealCard MAIL-IN FORM

Fill out the following information and mail to the following address(es)

Messenger Mail to:

Nutrition Services
Attn: Accounting
PO Box 800673

Or regular mail:

Morrison Management
Specialists
Attn: Accounting
PO Box 3728
Charlottesville, VA 22903

Name: _____

Social Security # (or 4 digit meal card number) _____

(for established account holders, your number is not necessary)

(We are sorry, but if you are a Resident Physician, then you cannot use your existing ID Badge to add funds to your account, however, please contact us and we can make special arrangements for your situation)

Phone # _____

E-mail Address _____

Check # and Amount _____

If paying by Credit card, please also fill out the following:

Credit Card Information:

(On your credit card bill, the charge will be listed as Morrison Management Specialists)

Card Type: (Please circle)

MC

VISA

AMEX

Card Number: _____

Expiration Date: _____

Authorized Signature: _____

Amount to Charge to your Card: _____

We will notify you by phone or e-mail when the money is received and added to your account. Please call Nutrition Services with any questions at 4-2287.