



Name: _____

Address: _____

City, State, Zip: _____

Enclosed is my gift in the amount of \$ _____

Payment Method(check one):

____ Check, made payable to Metro Meals on Wheels

____ Credit Card: ____ Visa ____ Mastercard ____ Discover

Name on
card: _____

Card #: _____

Expiration
Date: _____ Signature: _____

____ I wish to remain anonymous

____ No acknowledgement necessary

Thank you for your support!

1200 Washington Avenue South, Suite 380, Minneapolis, MN 55415

www.meals-on-wheels.com 612-623-3363

Gifts are fully tax deductible as allowed by law.