

ADOPT-A-SENIOR TODAY AND DELIVER A DIFFERENCE

First Name: _____ Last Name: _____



VISA

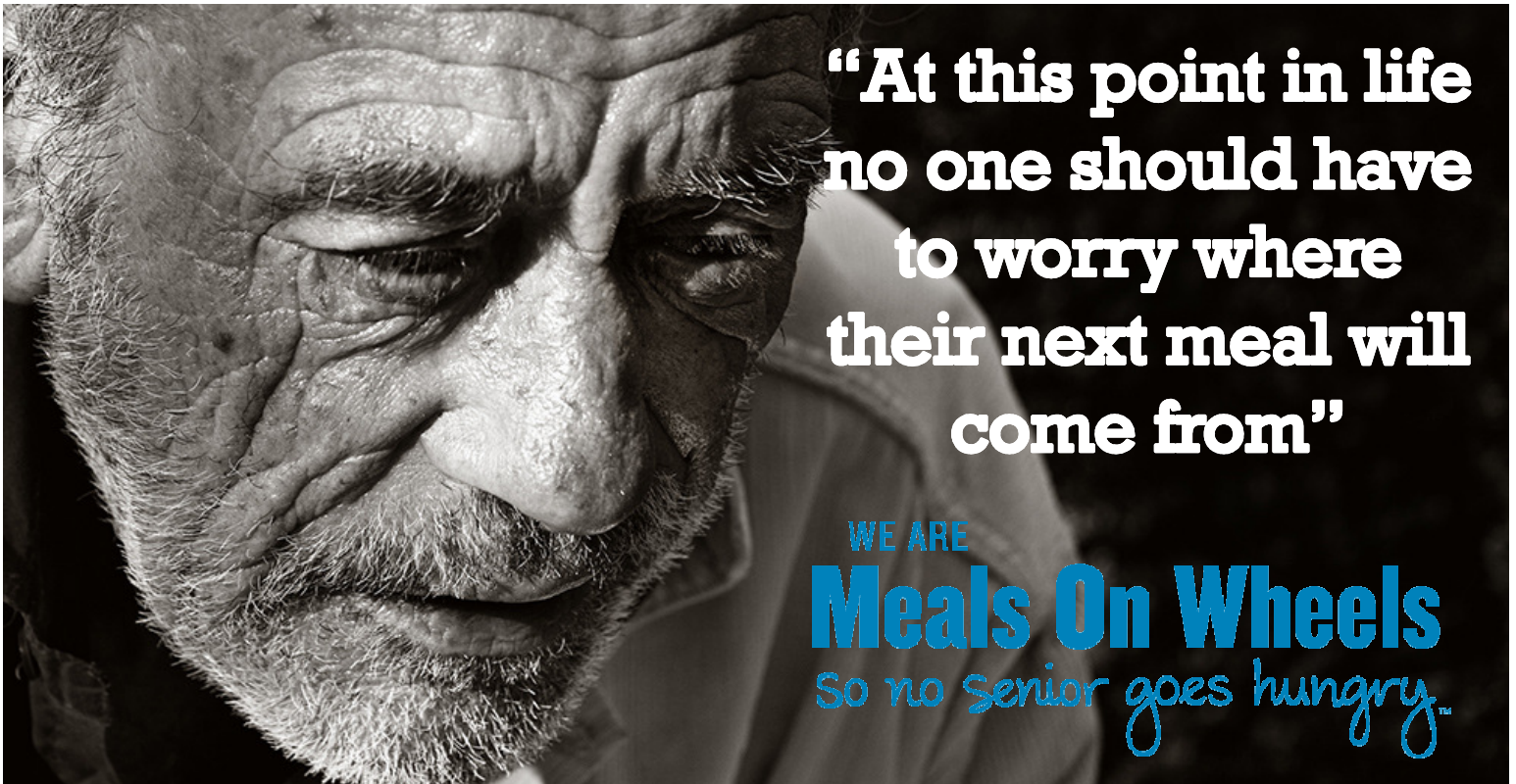


Mastercard: Visa: Discover:

Credit Card #: _____ Exp: ____/____ Security Code: _____

Feed a Senior for 1 Month \$20 Feed a Senior for 6 Months \$110
Feed a Senior for 1 Year \$220 Feed a Senior Center for a Year \$3,000

Other Amount: \$ _____ Signature: _____ Date: ____/____



**“At this point in life
no one should have
to worry where
their next meal will
come from”**

WE ARE
Meals On Wheels
So no senior goes hungry™

Meals on Wheels of Solano County Donation Receipt for \$ _____

Date of Donation: _____ TAX EIN: 94-2453452 *Retain for your records*