

PRINT & MAIL Donation Form to: *(Make checks payable to "Meals on Wheels of Solano County")*
Or make an online donation by visiting us at www.mealsonwheelssolano.org/give

Meals on Wheels of Solano County
95 Marina Center
Suisun, CA 94585

Client Meal Donation Client Name: _____

Name: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

Donation Amount: \$ _____ Donation is for the time period of: _____

Adopt a Senior Program

Over 6 million seniors face the threat of hunger every year. Your contribution can mean the difference between a senior citizen receiving a balanced nutritious meal and going hungry. Adopt a senior and help us to ensure "That No Senior goes Hungry!"

- Feed a senior for a **week**: \$25
- Feed a senior for a **month**: \$100
- Feed a senior for a **year**: \$1,000

My Tax deductible gift amount is: \$ _____

In-Memorial Gift

In-Memorial Gift in remembrance of: _____

Please send acknowledgement in my/our name to the Family.

Send to this address: _____

Gifter's Name: _____

Address: _____ City/State: _____ Zip: _____

My tax deductible gift amount is: \$ _____

Paying by Credit Card

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

Authorized Signature: _____ Date: _____