



## DONATION FORM

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](http://www.meals-on-wheels.com) 612-623-3363

Gifts are fully tax deductible as allowed by law.