

DONATION FORM

YES! I want to be a part of Meals on Wheels West.....

PRINT & MAIL Donation Form to: Meals on Wheels West
1823 A Michigan Ave.
Santa Monica CA 90404

or Fax: 310.857.7802

Name: _____ email: _____

Address: _____ St _____ Zip _____ Phone _____

My tax deductible gift is enclosed:

- ◆ \$2,190 provides one year of meals & friendly faces
- ◆ \$ 186 provides one month of meals & comfort
- ◆ \$ 42 provides one week of meals & smile

\$2,190 \$1,000 \$500 \$250 \$186 \$42 \$ _____

Gift In Honor

Name _____ Occasion _____

Gift In Memory *Please send acknowledgement in my/our name to:*

Name _____ Address _____

City _____ St _____ Zip _____

Make checks payable to: Meals on Wheels West Please charge my: VISA MasterCard

_____ Card number _____ expiration date

_____ Name as it appears on card _____ Signature

Other ways to support Meals on Wheels West:

- wish to volunteer please send me additional information
- with to include Meals on Wheels West in my planned giving/estate planning
- I know of someone who would benefit from Meals on Wheels

_____ Name _____ Phone