

To assure no senior goes hungry... enclosed is my gift of \$ _____

___ Check (make payable to Meals on Wheels of the Salinas Valley)

Charge my: ___ Visa ___ Master Card

Credit Card #: _____ Expiration Date: _____

Name on Card: _____ Phone #: _____
(please print)

Signature: _____ Date: _____

Gift in ___ Memory of _____

___ Honor of: _____ for (occasion): _____

Please send notification of donation (no amount is mentioned) to:

Name: _____

Address: _____

City/State: _____ Zip Code: _____

___ I'm a member of the Monthly Giving Program. ___ **Sign me up for the Monthly Giving Program**

First: _____ Middle: _____ Last: _____

Mailing Address: _____

City: _____ State : _____ Zip code : _____

Phone #: _____ Email address: _____

I'd like to make a monthly donation to Meals on Wheels of the Salinas Valley of:

___ \$10 ___ \$15 ___ \$20 ___ \$25 ___ \$50 ___ \$100 ___ other, specify amount \$ _____

___ I authorize Meals on Wheels to charge my credit card each month (*complete information above*).

___ I will call each month so you can charge my credit card (no need to specify amount).

___ I will add Meals on Wheels to my Automatic Bill Pay (no need to specify amount).

___ I will send a check each month to Meals on Wheels (no need to specify amount).

signature

date

___ This gift is anonymous; please do not include my name in publications.

Tax ID# 77-0064507. Contributions are tax-deductible according to IRS regulations. We do not share our donor mailing list.

Meals on Wheels of the Salinas Valley, Inc.
40 Clark Street, Suite C, Salinas, CA 93901

831.758.6325-phone
831.758.6518 - fax