

*I want to assure no senior in the Salinas Valley goes hungry. Enclosed is my gift of \$ \_\_\_\_\_*

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip code : \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

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: \_\_\_\_\_

**Sign me up for the Monthly Giving Program**

**I'll make a donation each month of: \$10 \$15 \$20 \$25 \$50 \$100 other \$ \_\_\_\_\_**

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

**I will add Meals on Wheels to my Automatic Bill Pay**

**I will send a check each month to Meals on Wheels**

Gift in  Memory of \_\_\_\_\_

Honor of: \_\_\_\_\_ for (occasion): \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please send me information about the Meals on Wheels Planned Giving Program

I've already included Meals on Wheels in my estate plans

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.**  
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