

*Yes, I want to help feed my elderly and homebound neighbors.
I've enclosed my contribution for:*

- \$30 = 20 Meals \$90 = 60 Meals \$150 = 100 Meals \$300 = 200 Meals
 \$600 = 400 Meals \$750 = 500 Meals Other \$ _____

Enclosed is a check for \$_____ (Make checks payable to Meals on Wheels of Syracuse)

Charge my MasterCard Visa American Express Discover \$ _____

Card Number: _____ Exp. Date _____

Print Name: _____ Signature: _____

This gift is in Honor of: _____

In Memory of: _____

Please notify the following person(s) of this gift: _____

Address: _____

City/State/Zip: _____

Your Contact Information

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Please return the completed form to:

Meals on Wheels of Syracuse

300 Burt Street
Syracuse, NY 13202
Fax: 315.478.6770

Contact Katherine Lowe at 315.478.5948 X205
or community@meals.org

Thanks for your support!