



Donation Form

TAX EIN #: 94-2453452

PRINT & MAIL Donation Form to: *(Make checks payable to "Meals on Wheels of Solano County")*

Or make an online donation by visiting us at www.mealsonwheelssolano.org/

Meals on Wheels of Solano County

95 Marina Center
Suisun, CA 94585

Client Meal Donation Client Name: _____

Name: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

Donation Amount: \$_____ Donation is for the time period of: _____

Adopt a Senior Program

Over 6 million seniors face the threat of hunger every year. Your contribution can mean the difference between a senior citizen receiving a balanced nutritious meal and going hungry. Adopt a senior and help us to ensure "That No Senior Goes Hungry!"

- Feed a senior for a **Month**: \$150.00
- Feed a senior for **6 Months**: \$455.00
- Feed a senior for a **year**: \$1892.00

My Tax deductible gift amount is: \$_____

In-Memoriam Gift

In-Memoriam Gift in remembrance of: _____

Please send acknowledgement in my/our name to the Family.

Send to this address: _____

Gifter's Name: _____

Address: _____ City/State: _____ Zip: _____

My tax deductible gift amount is: \$_____

Paying by Credit Card

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

Authorized Signature: _____ Date: _____