



# 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/](http://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 **Week**: \$35.00
- Feed a senior for a **Month**: \$140.00
- Feed a senior for **6 Months**: \$840.00
- Feed a senior for a **Year**: \$1680.00

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: \_\_\_\_\_

Main Office: 707-425-0638 | [mealsonwheelssolano.org](http://mealsonwheelssolano.org)