



# DONATION FORM

**Please print your name and address:**

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

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

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

Telephone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I'd like to help support the ongoing activities of Meals on Wheels PLUS by making a:**

- General gift
- Gift in memory of: \_\_\_\_\_
- Gift in honor of: \_\_\_\_\_
- Special occasion gift: \_\_\_\_\_  
(Birthday, Wedding, Mother's/Father's Day, Graduation, Anniversary)

**This is:**

- An individual gift (from me)
- From a group (please list group): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please send acknowledgment to the following family or individual:**

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

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

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

Sign the card from: \_\_\_\_\_

**Gift amount:** \$ \_\_\_\_\_ (make check payable to Meals on Wheels PLUS of Manatee)

**Please charge my credit card for my gift:**     MasterCard     Visa

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Authorized Signature \_\_\_\_\_

- My company has a matching gift program. Name of Employer: \_\_\_\_\_
- Please contact me on how to include Meals on Wheels PLUS in my will.

Please return gift form to:  
Meals on Wheels PLUS of Manatee  
811 23<sup>rd</sup> Avenue East  
Bradenton, FL 34208  
941-747- 4655 • Fax: 941-747-9871