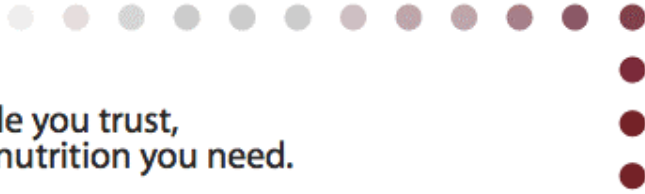




the people you trust,
the nutrition you need.



Memorial Gift/Donation Form

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

E-MAIL _____

I wish to donate a gift of \$ _____ once ___ wkly ___ mo ___ yr ___ (check one)

In MEMORY OF: _____
(Name of person in whom memory gift or donation is given)

Please Notify : _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

E-MAIL _____

My gift is enclosed _____ Please make checks payable to: Meals on Wheels of Evansville, Inc.

NAME (on account/card) _____

ADDRESS (on account/card) _____

CITY _____ STATE _____ ZIP _____

Please deduct my gift of \$ _____ each wk ___ mo ___ yr ___ from my bank account

Routing # _____ Account # _____

Please deduct my gift of \$ _____ each wk ___ mo ___ yr ___ from my debit card

Account # _____ Expiration Date ___/20___ Security# _____

Please deduct my gift of \$ _____ each wk ___ mo ___ yr ___ from my credit card

Account # _____ Expiration Date ___/20___ Security# _____

Please mail form along with check (if applicable) to: Meals on Wheels of Evansville, Inc.
3700 Bellemeade Ave., Ste 113 Evansville, IN 47714 (812) 476-6521 fax(812)962-5525