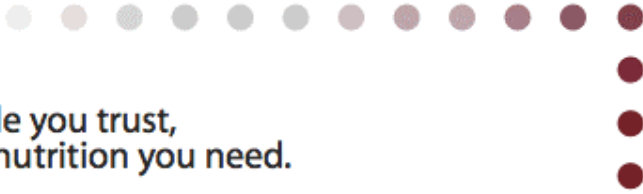




the people you trust,  
the nutrition you need.



### 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.

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_