

To assure no senior goes hungry...

Enclosed is my gift of \$ _____

Check (make payable to Meals on Wheels of the Salinas Valley)

Charge my: Visa Master Card

Account Number _____ Expiration Date _____

Name on Card _____
(please print)

Signature _____ Phone #: _____

Gift in Honor Memory of _____

Please send notification of donation (no amount is mentioned) to:

Name: _____

Address: _____

City/State: _____ *Zip Code:* _____

Tax ID# 77-0064507. Contributions are tax-deductible according to IRS regulations.

Meals on Wheels of the Salinas Valley, 40 Clark Street, Suite C, Salinas, CA 93901