

MY GIFT FORM

MY INFORMATION

Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

MY GIFT INFORMATION

Enclosed in my gift of \$ _____

Please make checks payable to Meals On Wheels Erie

Please charge my credit card:

Visa Master Card Discover American Express

Name exactly as it appears on card:

Card #: _____ Expiration Date: _____

Signature: _____ CCV #: _____

THIS IS HOW I WOULD LIKE MY GIFT DESIGNATED

Please use my gift for (optional)

- Unrestricted (wherever it is needed most)
- Other (please specify): _____
- Please accept my gift in memory of: _____
- Please accept my gift in honor of: _____
- Please notify the family of this donation (gift amount is not revealed):

Name & Address _____

- My/my spouse's employer will match this gift. Matching gift company: _____

GIFT RECOGNITION

Please indicate how you would like your name(s) to appear in any future printed recognition:

You can leave this field blank if your preference is the same as in your personal information above.

- I/We prefer to make our gift anonymously. Please keep us informed of your progress using our address above.
- I have provided for Meals On Wheels Erie in my estate plans.



meals on wheels erie

Thank you for helping to allow home bound seniors and disabled stay in their own homes to live independently and

Giving Levels

- _____
- \$5,000
- \$2,500—\$4,999
- \$1,000—\$2,449
- \$500—\$999
- \$250—\$499
- \$100—\$249
- \$50—\$99
- \$1—\$49

Please print this form and mail it with your donation to:

Development Office
Meals On Wheels Erie
4408 Peach St. Suite 102
Erie, PA 16509