

NATRONA COUNTY MEALS ON WHEELS

(307) 265-8659

Name(s): _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

Credit this as a gift from me _____, or from me and my spouse (name) _____

This is a memorial contribution in honor of _____

This is a gift to honor _____

Yes, I want to "do lunch" in support of **Meals On Wheels** operations, so no senior goes hungry.

- ___ \$30 for 1 week of meals
- ___ \$120 for 1 month of meals
- ___ \$360 for 3 months of meals
- ___ \$720 for 6 months of meals
- ___ \$1,440 for 1 year of meals
- ___ Other amount \$ _____

Thank You for Your Support!

____ I would prefer to support the **Meals On Wheels Foundation**. Amount \$ _____