

Please print and mail to:

**MEALS ON WHEELS
OF THE GREATER LEHIGH VALLEY
1302 N SHERMAN STREET
ALLENTOWN, PA 18109**



Name _____ Spouse/Partner _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____



I will feed people today with my gift of:

\$50 \$75 \$100 \$250 \$500 Other: \$ _____

Please charge my gift to my: Visa MasterCard

Name As It Appears On Credit Card _____ Credit Card Number _____

Expiration Date _____ CVC Number _____ Signature _____

Enclosed is my check payable to Meals on Wheels of the Greater Lehigh Valley

I have included Meals on Wheels in my estate plan or would like information on how to do so.

Would you like to make this gift in honor or memory of someone? _____

A copy of the official registration & financial information may be obtained from the PA Dept. of State by calling, within PA, 1-800-732-0999. Registration does not imply endorsement.

Thank you for your generous support!