



**MEALS**  
**on WHEELS**

**WESTERN SOUTH DAKOTA**

**DONATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Enclosed is my gift in the amount of \$ \_\_\_\_\_

Payment Method(check one):

\_\_\_\_ Check, made payable to Meals on Wheels Western South Dakota

\_\_\_\_ Credit Card: \_\_\_\_ Visa      \_\_\_\_ Mastercard      \_\_\_\_ Discover

Name on  
card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_ I wish to remain anonymous

\_\_\_\_ No acknowledgement necessary

**Thank you for your support!**

1621 Sheridan Lake Rd. STE C; Rapid City, SD 57702-3432

www.mealsprogram.com 605.394.6002

Gifts are fully tax deductible as allowed by law.