



Meals For The Elderly *Christmas Honor Cards*

Have us send out your Christmas Cards this holiday season! Tell your loved ones, employees, or clients how much you care and send them personalized Christmas Honor Cards!

\$10— 1/4 pg. card

\$25—1/2 pg. card

These generous donations in the name of those you wish to honor will provide meals for 3 - 7 homebound seniors. The 1/2 page card will help feed a hungry senior for over a week this holiday season.

A \$10-25 donation will ensure that your friends, family, co-workers, or loyal customers know they have been honored through a donation to Meals For The Elderly.

To best ensure delivery by Christmas, your order must be received by **December 11, 2020**. Orders can be completed by filling out the form on back, calling us at 325-655-9200 or going to our website at www.mealsfortheelderly.org.

Thank you for your support and Happy Holidays!

Please complete the form below and mail back to: 310 E. Houston Harte San Angelo, TX 76903
or fax the form to 325-653-6802

If you have a large number of recipients, please call us at 325-655-9200 or e-mail
accounting@mealsfortheelderly.org so we can process that request.

Card Recipient #1: ☐ 1/4 Page Card ☐ 1/2 Page Card

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

How would you like *your* name to appear on the card?: _____

Card Recipient #2: ☐ 1/4 Page Card ☐ 1/2 Page Card

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

How would you like *your* name to appear on the card?: _____

Card Recipient #3: ☐ 1/4 Page Card ☐ 1/2 Page Card

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

How would you like *your* name to appear on the card?: _____

Donor Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: (____) _____ **(required)**

Email: _____ *(optional)*

Credit Card Information: *(only needed if chosen payment method)*

____ Visa ____ MC ____ Discover ____ AmEx

Name on Card: _____

Card Number: _____ Security Code: _____

Expires: _____ Signature: _____

Billing Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Payment Method:

☐ Check # _____

☐ Cash *(turn in to office)*

☐ Credit *(give card info below)*

Donation Amount

\$ _____

NOTE: Card cost \$10 per
1/4 pg. & \$25 per 1/2 pg.
Please indicate the total
amount you are donating.

ALL donations to Meals For The Elderly are Tax deductible