

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 2 homebound recipients. The 1/2 page card will help feed a hungry homebound recipient for 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 12, 2024**. Orders can be completed by filling out the included form, 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
Rebecca@sameals.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?: _____

<p>Donor Information Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Number: (____) _____ (required) Email: _____ <i>(optional)</i></p> <p>Credit Card Information: <i>(only needed if chosen payment method)</i> ____ Visa ____ MC ____ Discover ____ AmEx Name on Card: _____ Card Number: _____ Security Code: _____ Expires: _____ Signature: _____ Billing Address: _____ Email: _____ City: _____ State: _____ Zip: _____</p>	<p>Payment Method: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <i>(turn in to office)</i> <input type="checkbox"/> Credit <i>(give card info below)</i></p> <p>Donation Amount \$ _____ <i>NOTE: Card cost \$10 per 1/4 pg. & \$25 per 1/2 pg. Please indicate the <u>total</u> amount you are donating.</i></p>
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ALL donations to Meals For The Elderly are Tax deductible