

Honor/Memorial Donation Form

MAIL TO: Meals on Wheels by ACC, 7375 Park City Drive, Sacramento, CA 95831.

Donor Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Donate by check: Mail check with this form.

Donate by credit card: Donation amount to be charged: \$_____.



Visa



Mastercard



American Express



Discover

Cardholder Name (as it appears on the card): _____
Cardholder Billing Address: _____
City: _____ State: _____ Zip Code: _____
Credit Card Number: _____
Expiration Date (MM/YY) _____ / _____ CCV Security Code: _____

Please make my donation in honor of _____

Please make my donation in memory of _____

Check box if you like to have a card sent to someone as notification of your honor or memorial donation. If so, please provide information below:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Thank you for donating to Meals on Wheels by ACC!