



THANK YOU for helping us feed elderly and disabled homebound Bloomington residents. Your gift will help expand existing programs and provide meals for those in need of financial assistance.

Bloomington Meals on Wheels Contribution Form

(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS _____
(NUMBER & STREET) (APT. #)

_____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

Enclosed is my gift to Bloomington Meals on Wheels:

\$35 \$50 \$75 \$100 \$200 \$_____

Check # _____

Your gift is TAX DEDUCTIBLE.
Please make your check payable to:

Bloomington Meals on Wheels, Inc.
2620 N. Walnut St., Suite 925
Bloomington, IN 47404

Please send me more information on gift and estate planning