



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 10, 2021**. 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