

Please print and complete this form, then include with your appreciated donation.

DONATION FORM

Name: _____

Address: _____

City, State, Zip: _____

Daytime phone: _____ Email: _____

_____ I wish to remain anonymous

Enclosed is my generous gift in the amount of \$ _____

Checks and money orders can be made payable to:

Liberty Meals on Wheels
1600 S. Withers Road
Liberty, MO 64068

Liberty Meals on Wheels may use
my name in a donor listing:

YES NO

- No gifts or services were received in consideration of this gift.
- You may claim the maximum charitable deduction for this gift allowed by law.
- Please retain this letter to support your charitable tax deductions.

THANK YOU

**FOR ENSURING SENIORS
ARE NOT FORGOTTEN.**

Each donation helps to deliver a nutritious meal, a friendly visit and a safety check.

