



ADOPT A ROUTE



Save Our Seniors...

Sign Up by February 28, 2011!



- Pillar Of the Community** \$2,500
- Community Leader** \$2,000
- Good Samaritan** \$1,500

Payment Option:

- I am attaching a *CHECK* in the amount of \$ _____ made out to Meals on Wheels of Norman.
 - CREDIT CARD (VISA/MASTERCARD)* _____ Exp. Date _____ Sec. Code _____
 - BILL ME DIRECT*
- *One Time on the following date _____ *Monthly/Quarterly (circle one) beginning on the following date _____

Contact Information:

Name or Company Name: _____ Contact Name: _____
 Email Address: _____ Phone: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 Signature: _____ Date: _____

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 A United Way of Norman Agency