



ADOPT A ROUTE



Save Our Seniors...

- Pillar Of the Community** \$4,000 and above
- Community Leader** \$3,999 - \$2,500
- Good Samaritan** \$2,499 - \$2,000



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: _____