

Yes! I want to help Meals on Wheels of Polk County, Inc. with their meal program and other services. Please use the donation form below and include your check and mail to:

**Meals on Wheels of Polk County, Inc.**  
620 6<sup>th</sup> Street NW  
Winter Haven, FL 33881

I'd like to help support the ongoing activities of Meals on Wheels of Polk County by making a:

- € General Gift
- € Gift In Memory Of: \_\_\_\_\_
- € Gift In Honor Of: \_\_\_\_\_
- € Special Occasion Gift: \_\_\_\_\_

**GIFT AMOUNT \$** \_\_\_\_\_

**Please send acknowledgement to the following family or individual(s):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Sign The Card From: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Sign The Card From: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Sign The Card From: \_\_\_\_\_