



RECURRING DONATION CONTRACT

Mail / Fax completed form to:

Meals on Wheels of Greenville • 15 Oregon Street • Greenville, SC 29605 • Phone 864-233-6565 • Fax 864-235-1264

CONTACT INFORMATION

Customer ID (MOW use only) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

E-mail \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, St Zip \_\_\_\_\_

CREDIT CARD INFORMATION

Card Type:  Visa  MasterCard  American Express  Discover

Card Number \_\_\_\_\_ Expiration \_\_\_\_ / \_\_\_\_

Name on Card (if different from above) \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_ Zip \_\_\_\_\_

DONATION DETAILS

Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or  Open Ended

Donation Amount \$ \_\_\_\_\_ (minimum \$10)

Frequency:  Weekly  Bi-Weekly  Monthly  Quarterly  Yearly

Comments: \_\_\_\_\_

HONOR/MEMORIAL INFORMATION (optional)

Donation is in  Honor or  Memory of \_\_\_\_\_

Send Acknowledgment letter to: Name \_\_\_\_\_

Address \_\_\_\_\_

AUTHORIZATION

I hereby authorize Meals on Wheels of Greenville, Inc. to bill my credit card for the amount and frequency listed above. I understand the charges will appear on my regular billing statements as a charge from Meals on Wheels and will continue until the Donation End Date or I cancel, whichever occurs first.

Signature \_\_\_\_\_ Date \_\_\_\_\_