Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name:

Address:

City/Zip:

Telephone:

Email:

*The Senior Dine Program will use your email to send program updates regarding the Senior Nutrition Program.*

[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjjk9mh1IXQAhUBw4MKHa7zD4AQjRwIBw&url=http://www.i2symbol.com/symbols/check/x2713-check-mark&psig=AFQjCNFDMVcBd6fIjeH0MnRL7lu7yRuV6g&ust=1478024443187474) If the above is a new address.

**Last 6** digits of Senior Dine Card #:

***(The last 6 digits as they appear on your Senior Dine Card)***

The actual value of the meal is in excess of $10.00. Select the donation amount that best fits your budget.

Please give as much as you can afford. Donation does not include tip for server!!!

**Select Form of**

**payment**

CHECK

#\_\_\_\_\_\_\_\_\_\_\_

CASH

MONEY

ORDER

#\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Household Monthly Income** | | | **Suggested Donation** | **# of Meals** | **Total Donation** |
| ***[Single Person]***  ***$0-$1,354*** | ***[Two Person]***  ***$0-$1,821*** | | ***[Per Meal]***  ***$3.50*** | ***[No more than 20]*** | ***[Donation x # of Meals]*** |
| ***$1,355 - $2,032*** | ***$1,822 - $2,731*** | | ***$4.00*** |  |  |
| ***$2,033-$2,709*** | ***$2,732-$3,642*** | | ***$4.50*** |  |  |
| ***$2,710-$3,165+*** | ***$3,643-$4,250+*** | | ***$5.00*** |  |  |
| ***Other*** | |  | |  |  |
| ***Total Amount to be Charged (if paying with Credit Card you must include a $1 processing fee)*** | | | | |  |

* *Cash is only accepted in person. DO NOT send cash in the mail.*
* *Checks & Money Orders should be made payable to* **"Senior Nutrition Services".**
* *$1.00 Credit Card Fee will be added to all credit card transactions only.*
* *MasterCard/VISA* ***Only*** *Accepted:*

Name As It Appears on Card:

Billing Address if different form above:

City/State/Zip if different from above:   
Credit Card #:   
Expiration Date: \*CDC Code:\_\_\_\_\_\_\_\_ (3 digit # on back of card)

* *Return completed form and payment to:* ***Agency Name - Address - City, St. Zip.***
* *It can take up to* ***10 business days*** *from the day you mail your order for your SD Card to reflect your order/payment.*

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Initials if received in person: ­­­­\_\_\_\_\_\_