

Meals on Wheels Sign-Up Form

RECIPIENT INFORMATION:

Date _____ Name _____ Date of Birth _____

Email _____ Phone Number _____

Address _____

EMERGENCY CONTACT INFORMATION:

Name _____

Phone Number _____

Address _____

FAMILY CONTACT IF DIFFERENT THAN EMERGENCY:

Name _____

Phone Number _____

Address _____

PERSON RESPONSIBLE FOR PAYMENT:

Name _____

Phone Number _____

Address _____

Payment Method \$3.50 per meal

Card Information (Visa or Mastercard)

Card Number _____

Expiration Date _____

CVV _____

OR

Bank Information

Routing Number _____

Account Number _____

DELIVERY INFORMATION:

Start Date _____

Days of the Week (Mon-Fri) _____

End Date _____

Diet (regular, diabetic, etc.) _____

DELIVERY INSTRUCTIONS: KNOCK, USE BACK DOOR, KNOCK AND ENTER, ETC.



Email this form to
accounting@washingtoney.org or call
319-653-2141 if you have any questions