



Nutrition Program Office
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Auburn NY 13021
Phone: 315-253-1550/315-253-1427
Fax: 315-253-1119
meals@cayugacounty.us

I (We) Wish to contribute \$ _____

For _____

In Memory of _____

In Honor of _____

Anniversary Birthday Speedy Recovery Other occasion

Kindly Notify:

Given By:

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

The amount contributed will not be mentioned in the acknowledgement.

- \$40.80 will provide a senior a noon-time meal for one week
- \$171.36 will provide a senior a noon-time meal for one month
- \$1028.16 will provide a senior a noon-time meal for 6 months