


YOUR Name: _____

MARCH Meals On Wheels Menu 2018

PLEASE RETURN this copy with your driver BEFORE the new month begins ☺

CLEARLY WRITE the number of meals you would like in each # meals _____ box

Monday (DELIVERY DAY)	Tuesday's meal DELIVERED WED	Wednesday (DELIVERY DAY)	Thursday's meal DELIVERED FRI	Friday (DELIVERY DAY)	
	MENU IS SUBJECT TO CHANGE		1 # meals _____	2 # meals _____	
5 # meals _____	6 # meals _____	7 # meals _____	MENU IS UNDER CONSTRUCTION		
12 # meals _____	13 # meals _____	16 # meals _____			
19 # meals _____	20 # meals _____	22 # meals _____			23 # meals _____
26 # meals _____	27 # meals _____	28 # meals _____			29 # meals _____

Number of meals _____ X \$7.00= _____

Please make payment to Dartmouth Seniors Service Centre by:

If you have any questions PLEASE Contact: Jan Garrison- Phone: (902) 465-5578 ext. 216 RECEIPTS available upon request ☺

PLEASE...THE MENU MUST BE FILLED OUT CLEARLY WITH YOUR NAME ON IT TO ENSURE THAT YOU GET THE MEALS YOU WANT ☺

MARCH MOW Menu 2018

Fill out and KEEP THIS COPY FOR YOURSELF ☺

#meals ____ X \$7.00=

If you have any questions PLEASE Contact Meals on Wheels Coordinator: **Jan Garrison**~ Phone:(902) 465-5578 ext. 216

PLEASE...THE MENU THAT YOU RETURN WITH THE DRIVER MUST BE FILLED OUT CLEARLY WITH YOUR NAME ON IT TO ENSURE THAT YOU GET THE MEALS YOU WANT