



ATTACHMENT E

Contribution Letter
To be Shared with all Home Delivered Meal clients

You will begin to receive a home delivered meal (HDM) from _____
[HDM Provider] on _____ [date]. This organization is funded to provide these
meals through a public benefit available to you from federal Older Americans Act
funds.

Because this is a public program, the Home Delivered Meal provider will request a
contribution to help offset the cost of each meal you receive.

This meal costs the HDM Provider \$_____ to prepare and deliver it to you. The
HDM Provider will contact you to explain how to contribute to the cost of the meal.*

We will be happy to accept any contribution you are able to afford to make toward the
cost of this meal. All contributions are used to reach more people in need of a meal.
Your eligibility for the meal will not be affected by your ability to donate, or the amount
of your donation. Your contribution will be kept confidential. **If you do not want to
donate, you will not be denied your Home Delivered Meal.**

Name of Home Delivered Meal Provider: _____

Phone of Home Delivered Meal Provider: _____

Client Signature: _____

Date: _____

*The meal cost and suggested contribution dollar amount will be provided by the HDM
Provider.