

REMITTANCE FORM:

2 CENTS-A-MEAL PROGRAM

(Make Multiple Copies)

Date _____

Please send a copy of this form, together with a check made payable to (name of partnering group), with "2 Cents-A-Meal" written on the memo line to:

Hunger Network in Ohio
82 East 16th Avenue, Columbus, Ohio 43201
Phone 614 424 6203

Total amount collected \$ _____

Subtract 50% for local hunger projects \$ _____

Amount enclosed with this form \$ _____

Church Reporting _____

Address _____

City & ZIP Code _____

Church Representative _____

Address _____

City & ZIP Code _____

Phone () _____

East Ohio Conference of The United Methodist Church
