

**Burnaby Meals on Wheels Society**  
**Chinese Meals on Wheels Client Referral Form**

Fax or mail completed copy to:

**Burnaby Meals on Wheels Society**  
**#16 - 250 Willingdon Ave.**  
**Burnaby, BC V5C 5E9**  
**Fax: (604) 299-3755**

**Client Information**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_

Delivery Instructions \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Birth Date (M/D/Y) \_\_\_\_\_

**Contact Information:**

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

**Billing Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Requires help setting up meals

Yes \_\_\_\_ No \_\_\_\_

**Delivery days Requested:**

Please indicate how many hot and or frozen meals

**Monday:**

Chinese meals \_\_\_\_ Frozen Western \_\_\_\_

**Wednesday:**

Chinese meals \_\_\_\_ Frozen Western \_\_\_\_

**Friday:**

Chinese meals \_\_\_\_ Frozen Western \_\_\_\_

**Starting Date:** \_\_\_\_\_

**Termination Date:** \_\_\_\_\_

**Where did you hear about our service?**

\_\_\_\_\_

**Date of Registration:** \_\_\_\_\_