



## consider a contribution in honor of:

\* Neighbors

☐ AmEx

\* Teachers

☐ Check enclosed

* Friends	* Friends		* Customers	
* Co-wor	kers	* Relatives		
One night	\$15	Two weeks	\$210	
One weekend	\$30	Three weeks	\$315	
One week	\$105	One month	\$465	
I would like to sponsor _		_ nights of stay	at	
\$15/night for a total dona	ation of \$			

## Please make checks payable to Ronald McDonald House Charities

All donations are tax deductible

☐ Mastercard

☐ Visa

Account #			
Expiration	1	CVN	
Name on card			
Your Name			
Address			
City		State	Zip
Daytime phone	e		
Email			
We would be card for each us information The cards do	e pleased to se 1 \$15 donation on about who not disclose t	end one acknow . Please use thi m we should a he amount of	vledgement is form to give cknowledge.
	•		

## **Ronald McDonald House Charities of Central Georgia**

1160 Forsyth Street Macon, GA 31201

## Please send a card recognizing my gift to:

Name		
Address		
City	State	_ Zip
In honor of		
or In memory of		
Name		
Name		
Address		
City		
In honor of		
or In memory of		_
Name		
Address		
City	State	_ Zip
In honor of		
or In memory of		
Name		
Name		
Address		
City		
In honor of		
or In memory of		
Name		
Address		
City		_ Zip
In honor of		_
or In memory of		
Name		
Address		
City		-
In honor of		
or In memory of		

☐ Cards taken ☐ Cards printed for pick up

For internal use:

☐ Cards mailed