

Yes, I want to give kids a better chance to get better!



Name, as you wish to be acknowledged: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

This gift was made:

In memory of : _____

In honor of: _____

A note will be sent to them in your name.

Please notify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please accept my tax deductible contribution of \$ _____

This is my annual appeal gift.

Please contact me regarding a gift through my will, trust, or life insurance policy.

Check enclosed (made payable to Ronald McDonald House Charities of Rochester)

For gifts over \$25, charge my: Visa Mastercard AMEX Discover

Card number: _____

Expiration Date: _____ VCODE _____

Name of card holder: _____

Signature: _____

Mail completed form to: Ronald McDonald House Charities of Rochester NY, Inc

333 Westmoreland Drive Rochester, NY 14620

All contributions are tax deductible by law. A copy of the official registration and financial information may be obtained from the NYS Department of

Charities by calling (212) 416-8400 or RMHC at 442-5437.