



Enclosed is my donation of \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**My gift is for:**

- Share-A-Night
- General Operating
- Special Event (Indicate Event): \_\_\_\_\_
- Other (Please Indicate): \_\_\_\_\_

**My gift is:**

- In memory of \_\_\_\_\_
- In honor of \_\_\_\_\_

*(Please indicate occasion for honor, if applicable)*

Please let the following person(s) know of my memorial or honorarium:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PAYMENT**

Check enclosed. *Please make payable to Ronald McDonald House Charities.*

Credit Card:      \_\_ Visa      \_\_ Mastercard   Expiration Date \_\_\_\_\_

Card # \_\_\_\_\_

Signature \_\_\_\_\_

**Please send completed form to:**

Ronald McDonald House  
1234 Broadway  
Fargo ND 58102