



GENERAL DONATION FORM

Charitable Registration # 85050 2865 RR0001

INSTRUCTIONS: Please print and complete this form. Submit it using one of the following options.

FAX / PHONE/ EMAIL	MAIL	IN PERSON
1-709-738-0000 (Phone) 1-855-955-HOME (4663) (Toll Free Phone) 1-709-747-1270 (Fax) Info@ronaldmcdonaldhousenl.ca (email)	Ronald McDonald House Newfoundland & Labrador P.O. Box 28091 St. John's, NL A1B 1X0	Ronald McDonald House Newfoundland & Labrador 150 Clinch Crescent St. John's, NL

SECTION A: Gift Details

GIFT AMOUNT	PAYMENT METHOD	
<input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> Other \$ _____	A2: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque / money order made payable to Ronald McDonald House Newfoundland & Labrador <input type="checkbox"/> Charge my VISA <input type="checkbox"/> Charge my MasterCard	A3: Card # _____ Expiry Date: _____ CVV# _____ Signature: _____ Today's Date: _____
Tick 1 Option - My gift is: <input type="checkbox"/> General - One Time Donation <input type="checkbox"/> General - Monthly Donation (Receive one consolidated tax receipt at the end of each year) Please complete A3 <input type="checkbox"/> Other _____		

SECTION B: Donor Details - Required For Official Tax Receipt Purposes

DONOR NAME: _____ PHONE #: _____

ADDRESS: _____ EMAIL: _____

CITY / TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

YOUNG HERO PROGRAM: YES NO
(OUR YOUNG HERO PROGRAM RECOGNIZES YOUNG INDIVIDUALS, APPROXIMATELY AGES 3-17)

SECTION C1: To Be Completed Only For In Memory / In Honour Gifts

PLEASE PRINT THE NAME OF THE PERSON THAT YOUR DONATION IS

In Memory of _____
(Title) (First Name) (Last Name)

In Honour of _____

Would you like an acknowledgement letter sent to next of kin / loved one of the In Memory / Honour person listed above?

NO, an acknowledgement letter is not required.
 YES, send an acknowledgement letter to the recipient below:

SECTION C2: ACKNOWLEDGEMENT LETTER RECIPIENT - (NEXT OF KIN / OTHER LOVED ONES)

Recipient Name: _____

Address: _____

City / Town: _____ **Province:** _____ **Postal Code:** _____

The Ronald McDonald House Newfoundland and Labrador is dependent upon the generous support and volunteers to fulfill its mission. Ronald McDonald House NL collects your personal information in order to process your donation and to issue a tax receipt. Unless otherwise requested tax receipts are issued for donations of \$10 or more. We do not share your personal information.

PLEASE INDICATE YOUR PREFERENCE:

- Yes, I wish to receive written / email communications from Ronald McDonald House Newfoundland and Labrador.
 No, I do not wish to receive written / email communications from Ronald McDonald House Newfoundland and Labrador.