



# 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 (Toll Free Phone) 1-709-747-1270 (Fax) Info@rmhcnl.ca (email)	Ronald McDonald House Charities Newfoundland & Labrador P.O. Box 28091 St. John's, NL A1B 1X0	Ronald McDonald House Charities 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 \$ _____	<b>A2:</b> <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	<b>A3:</b> Card # _____ Expiry Date: _____ CVV# _____ Signature: _____ Today's Date: _____
<b>Tick 1 Option - My gift is:</b> <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 (RMHNL) is dependent upon the generous support and volunteers to fulfill its mission. RMHNL 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.