



“Our House” Monthly Giving Club Program

O YES! I would like to make a difference in the lives of sick children and their families every day!

I'll give a monthly donation of:

- ☐ **\$25** This could provide a dinner for a family each month
- ☐ **\$50** This could help stock the pantry with essential food items each month
- ☐ **\$75** This could provide the playrooms or Magic Room with new games and toys each month
- ☐ **\$100 *** This could help stock the pantry with breakfast items such as cereal and snacks each month
- ☐ **\$165 *** This could provide a family with a one night stay each month
- ☐ **\$250 *** This could provide a meal for all 15 families each month
- ☐ Other \$ _____

All monthly donors receive:

- Tax receipt in January of the following year
- An Annual Report showing the impact the donation has made
- A thank you for card from our families
- Newsletters and information throughout the year
- Invitation to tour Ronald McDonald House

Monthly donations of \$ or more will receive:

- Membership in our Cornerstone Society
- A book on the Donor Wall of Honour at Ronald McDonald House;
- Recognition in our Annual Report;
- Exclusive invitation to House Events

Name:			
Address:			
City:		Postal Code:	
Phone #			
Email:			

I'd like to process my monthly donation by:

☐ **Pre Authorized Debit:** Please attach a void cheque or complete the Banking Information Section below

☐ **Credit Card:** Complete the Credit Card Section below.

You may change or cancel your contribution at any time by calling 1-709-738-0000 x 0 or by email info@rmhcnl.ca

We respect your privacy. For more information on our privacy policies please contact us.

Pre Authorized Debit	
Institution #	
Transit #	
Account #	

Credit Card			
Credit Card #			
Expiry Date (mm/dd/yyyy)		CVV:	

Signature: _____ **Date:** _____

Mail form or deliver to: Ronald McDonald House Charities Newfoundland and Labrador Charity Office

P.O. Box 28091 (150 Clinch Crescent) St. John's, NL A1B 4J8 **Fax: 709-747-1270**