



**Ronald McDonald House Charities®**  
Newfoundland & Labrador

## “Our House” Monthly Giving Club Program

- YES! I would like to make a difference in the lives of sick children and their families every day!**  
**By making a monthly gift, I can make a greater impact!**

**I'll give a monthly donation of:**

- \$5    \$10    \$15    \$20
- \$27   This could provide a meal for a family each month at the end of a long day
- \$51   This could provide a family with quality time watching a movie each month
- \$83   This could stock the playroom and magic room with new toys and games each month
- \$127 \* This could stock the kitchen pantry with all the cooking essentials each month
- \$197 \* This could cover the cost to host a family for one night 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 card from our families
- Newsletters and information throughout the year
- Invitation to tour Ronald McDonald House

**Monthly donations of \$ 83 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

|                 |  |                     |  |
|-----------------|--|---------------------|--|
| <b>Name:</b>    |  |                     |  |
| <b>Address:</b> |  |                     |  |
| <b>City:</b>    |  | <b>Postal Code:</b> |  |
| <b>Phone #</b>  |  |                     |  |
| <b>Email:</b>   |  |                     |  |

**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](mailto: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**