

# "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:

- o **\$27** This could provide a meal for a family in at the end of a long day
- o **\$51** This could provide a family with quality time watching a movie
- o \$83 This could stock the playroom with toys and games
- o \$127 \* This could stock the kitchen pantry with all the cooking essentials
- o **\$197** \* This could cover the cost to host a family for one night
- o **\$591** \* This could cover the cost to host a family for a weekend
- o 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

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

#### I'd like to process my monthly donation by:

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

O 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

Pre A	Authorized Debit		
Institution #		Credit Card	
		Credit Card #	
Transit #		Expin/ Data	CVV:
Account #		Expiry Date (mm/dd/yyyy)	C V V.

Signature:\_\_\_\_

\_\_\_\_ Date:\_\_\_\_\_

Mail form or deliver to: Ronald McDonald House Charities Newfoundland and Labrador Charity OfficeP.O. Box 28091 (150 Clinch Crescent)St. John's, NL A1B 4J8Fax: 709-747-1270