



LIGHTS OF LOVE DONATION FORM

Charitable Registration # 85050 2865 RR0001

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

Shine Bright Donate \$27	Light of Togetherness Donate \$51	Light a Night Donate \$197	Light of Hope Donate \$591
Shine bright for RMHC this holiday by providing meal for a family with a sick child	Give the Light of Togetherness by providing quality family time to enjoy a hot meal and movie together	Donate a Light for a Night and provide dinner and a one-night stay for a family with a sick child	Give the light of hope to a sick child and their family by keeping them together for 3 nights while their child is receiving medical treatment

SECTION A: Gift Details

GIFT AMOUNT	PAYMENT METHOD	
<input type="checkbox"/> \$27 <input type="checkbox"/> \$51 <input type="checkbox"/> \$197 <input type="checkbox"/> \$591	<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	Card # _____ Expiry Date: _____ Signature: _____ Today's Date: _____
<input type="checkbox"/> My Best Gift \$ _____		

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

DONOR NAME: _____	PHONE #: _____
ADDRESS: _____	EMAIL: _____
CITY / TOWN: _____	PROVINCE: _____
	POSTAL CODE: _____

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

PLEASE PRINT THE NAME OF THE PERSON THAT YOUR DONATION IS <input type="checkbox"/> IN MEMORY OR <input type="checkbox"/> IN HONOUR OF:	_____
	(Title) (First Name) (Last Name)
Would you like an acknowledgement letter sent to next of kin / loved one of the In Memory / Honour person listed above? <input type="checkbox"/> NO, an acknowledgement card is not required. <input type="checkbox"/> YES, I will take the acknowledgement card to send myself <input type="checkbox"/> YES, please 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: _____

Fax / Phone / Email	Mail	In Person	Office Use Only
1-709-738-0000 (phone) 1-855-955-4663 (Toll Free) 1-709-747-1270 (Fax) Www.RMHCNL.ca	Ronald McDonald House Charities Newfoundland and Labrador P.O. Box 28091 St. John's, NL A1B 4J8	Ronald McDonald House Charities Newfoundland and Labrador 150 Clinch Crescent St. John's, NL (please wear a mask if coming in person)	Outside Bulb Changed____ Inside Bulb Changed____ Acknowledgement Card Mailed____ Acknowledgement Card Given____