

**Yes, I want to give kids a better chance to get better!**

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Name, as you wish to be acknowledged: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

This gift was made:

In memory of : \_\_\_\_\_

In honor of: \_\_\_\_\_

A note will be sent to them in your name.

Please notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please accept my tax deductible contribution of \$ \_\_\_\_\_

This is my annual appeal gift.

Please contact me regarding a gift through my will, trust, or life insurance policy.

Check enclosed (made payable to Ronald McDonald House Charities of Rochester)

For gifts over \$25, charge my:  Visa  Mastercard  AMEX  Discover

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ VCODE \_\_\_\_\_

Name of card holder: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail completed form to: Ronald McDonald House Charities of Rochester NY, Inc

333 Westmoreland Drive Rochester, NY 14620

All contributions are tax deductible by law. A copy of the official registration and financial information may be obtained from the NYS Department of

Charities by calling (212) 416-8400 or RMHC at 442-5437.