



RMHMM Donation Form

**RONALD MCDONALD HOUSE
OF MID-MICHIGAN**

The Ronald McDonald House invites you to join us in Providing comfort and support to seriously ill children and their families. Your investment will assure that the Ronald McDonald House continues to provide a caring, loving home-away-from-home for the hundreds of families who visit Lansing each year, seeking the very best in medical treatments for their ill children. To make a tax deductible contribution, please print, fill out and return this form with your check or credit card information by mail or fax. Thank you for your interest in the Ronald McDonald House of Mid-Michigan!

**Ronald McDonald House
121 S. Holmes Street
Lansing, Michigan 48912
FAX: (517) 485-9810**

Name: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Business Phone: _____

Company (if applicable):

Company Address: _____ City: _____ State: _____ ZIP Code: _____

This gift is in memory of: _____

This gift is in honor of: _____

This gift is on the occasion of: _____

Explain: _____

Send acknowledgement to: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Special instructions for donation: _____

Credit Card Holder's Name: _____ VISA MasterCard Discover

Credit Card Number: _____ Expiration Date: _____

\$Amount Enclosed / Charge to Card: _____

