



Ronald McDonald House® Dallas

Please mail or fax to: Ronald McDonald House of Dallas Attn: Diane Fullingin 4707 Bengal Street, Dallas, Texas 75235

Fax: 214-631-1527

Phone: 214-631-7354

Thank you for considering Ronald McDonald House of Dallas for your donation dollars. We appreciate your generosity, which will change a child's life.

\* Personal Information

Today's Date: \_\_\_\_\_ Title: \_\_\_\_\_ Name: \_\_\_\_\_ Company: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\* Donation Amount

How much would you like to donate?

- Donation amount options: \$5,500, \$2,500, \$1,000, \$500, \$250, \$100, Other

\* Donation Type

Where would you like your donation credited?

- Donation type options: General, Annual Fund, Trains at NorthPark Sponsorship

\* Additional Information

- Additional information options: I prefer to make this donation anonymously, Please send me information on how to include RMHD in my estate planning, I do not want to receive RMHD email updates.

Tribute Information

This donation is in memory /honor of:

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

- Tribute information options: Memorial, Honorarium, For the anniversary of, For the birth of, For the marriage of, In celebration of, In special recognition of

Specific tribute message: \_\_\_\_\_

Please mail a card (on my behalf) to:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: Zip Code: \_\_\_\_\_

\* Payment Information

Credit Card Type

- Credit card type options: Mastercard, Visa, American Express

Cardholder's Name: \_\_\_\_\_ Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

How did you hear about RMHD? \_\_\_\_\_

\* Required Information