

GIFTS
Individual/Business/Organization
(Print and mail form)

Contributor:

Name/Contact Name _____

Business/Organization (if applicable) _____

Address _____

City/State/Zip _____

Phone (H) _____ (W) _____ email _____

_____ First Time Contributor _____ Previous Contributor

_____ \$25 _____ \$50 _____ \$100 _____ \$250 _____ \$500 _____ \$1000 _____ Other

_____ General

_____ Memorial* In memory of _____

_____ Special Occasion* In honor of _____

_____ Get Well _____ Birthday _____ Holiday _____ Anniversary

_____ Wedding _____ Mother's Day

_____ Share A Night: Sponsor a family for a night, a week, or even a month!

_____ Legacy Society Member - made a provision for the Ronald McDonald House
of Western Michigan in an estate planning document or will.

_____ Other:

please explain _____

*Please send an acknowledgement to:

Name _____

Address _____

City/State/Zip _____

*All contributions are tax deductible.
Make checks payable to Ronald McDonald House of Western Michigan
Mail to: Ronald McDonald House of Western Michigan
1323 Cedar NE Grand Rapids, MI 49503
Thank you for your generous support!*