



Please mail or fax to:  
Ronald McDonald House of Dallas  
Attn: Bailey Kafer  
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

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## \* Donation Amount

How much would you like to donate?

- ☐ \$5,500, *Covers the cost of a room for a year.*  
☐ \$2,500, *Helps us light and warm the House for a week.*  
☐ \$1,000, *Helps provide meals for all guests for a week.*  
☐ \$500, *Helps provide family activities and programs for a month.*  
☐ \$250, *Helps supply 2 kitchens & 63 bathrooms with paper products for a week.*  
☐ \$100, *Helps a family pay their room contribution for a week.*  
☐ Other \_\_\_\_\_

## \* Donation Type

Where would you like your donation credited?

- ☐ General  
☐ Annual Fund  
☐ Trains at NorthPark Sponsorship

## \* Additional Information

- ☐ 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: \_\_\_\_\_

- ☐ 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

- ☐ Mastercard  
☐ Visa  
☐ American Express

Cardholder's Name:

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_

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

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

\* Required Information