



# Ronald McDonald House Charities® of West Georgia, Inc.

## Donation Form

Mail A Completed Copy of This Form to:

Ronald McDonald House Charities® of West GA, Inc.  
1959 Hamilton Road  
Columbus, GA 31904  
(706) 321-0033

Name \_\_\_\_\_

(Business Name) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number (     ) \_\_\_\_\_ Donation Amount \$ \_\_\_\_\_

- Check Enclosed (payable to Ronald McDonald House Charities of West GA, Inc.)
- Matching Gift Form Enclosed
- Credit Card: Visa, Mastercard, American Express
- Please Send Me A Tax Deductible Receipt

Cardholder Name \_\_\_\_\_

Address \_\_\_\_\_

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

Account No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVC Code \_\_\_\_\_ (3 or 4 digit code on back/front of card)

Signature \_\_\_\_\_

In **Memory** of \_\_\_\_\_

In **Honor** of \_\_\_\_\_

Occasion \_\_\_\_\_

**Send Notification of My Gift To** \_\_\_\_\_

Address \_\_\_\_\_

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

Additional Notes \_\_\_\_\_