consider a contribution in honor of:

- * Teachers
- * Neighbors
- * Friends
- * Customers
- * Co-workers
- * Relatives

One night \$15 One weekend \$30

Two weeks \$210

Three weeks \$315

One week

\$105

One month \$465

I would like to sponsor ____ _ nights of stay at \$15/night for a total donation of \$ _

Please make checks payable to **Ronald McDonald House Charities**

All donations are tax deductible

☐ Check enclosed	□ Visa	□ Mastercard	☐ Amex
Account #		123/180	200
Expiration			
Name on card			
Signature		A CALLEY	
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Your Name			700
Address		4	
City		State	Zip
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We would be pleased to send one acknowledgement card for each \$15 donation. Please use this form to give us information about whom we should acknowledge. The cards do not disclose the amount of your gift.

How would you like you	ur cards signed?	
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Ronald McDonald House Charities of Central Georgia

1160 Forsyth Street Macon, GA 31201 478.746.4090 (phone) 478.746.0580 (fax)

Please send a card recognizing my gift to:

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☐ Cards taken ☐ Cards printed for pick up

For internal use:

☐ Cards mailed