



## Donate! Be a Hero!

### Open Your Heart to Families at Birmingham's Ronald McDonald House®

It costs approximately \$65 per night to provide services to one family at the Ronald McDonald House. Be a **Hero** by supporting a family staying at the Ronald McDonald House for a day, a week, a month, three months or more. Guest fees cover less than 10% of the cost of each family's stay. Therefore, your support truly provides a home-away-from home for sick children and their families.

*Please print, complete and mail this form with your check or credit card information.*

**RMHCA**  
1700 4<sup>th</sup> Ave. South  
Birmingham, AL 35233

You may fax (205)-212-7256 or phone in 205-212-7263 credit card donations using your Visa, MasterCard American Express or Discover. Thank you.

**Be a Hero! Support Ronald McDonald House Charities of Alabama**

I want to be a:

- ( ) **Hero for a Quarter** (supports 3 months of family stays in 1 family bedroom) **\$4,500 or more**  
( ) **Hero for a Month** (supports family stays for 1 month) **\$1,500 or more**  
( ) **Hero for a Week \$350 or more** ( ) **Hero for a Day \$65 or more** ( ) **Other Hero \$ \_\_\_\_\_**

**Donor's Name:** \_\_\_\_\_ **email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Day Phone** ( ) \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_ **PM Phone** ( ) \_\_\_\_\_  
**Employer Name:** \_\_\_\_\_  
Does Your Employer have a matching program? ( ) Yes ( ) No May we file for the match? ( ) Yes ( ) No

**Co-Donor's Name:** \_\_\_\_\_ **email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Day Phone** ( ) \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_ **PM Phone** ( ) \_\_\_\_\_  
**Employer Name:** \_\_\_\_\_  
Does Your Employer have a matching program? ( ) Yes ( ) No May we file for the match? ( ) Yes ( ) No

( ) **In Memory** or ( ) **In Honor of:** \_\_\_\_\_  
**Occasion:** \_\_\_\_\_  
**Please Notify (Name):** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_

( ) *I've enclosed a check payable to* **Ronald McDonald House Charities of Alabama** or ( ) *Bill my credit card:*  
**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_  
**Signature:** \_\_\_\_\_

*Your gift is tax deductible to the extent allowed by law.*

- ( ) I wish my gift to be **anonymous**.  
( ) Please contact me regarding a **planned gift** through my will, trust or life insurance policy.  
( ) Please contact me re: a **gift of stock** or other property  
( ) Please mail me a **volunteer** application.  
( ) Please contact me re: in-kind gifts of good or services.  
( ) My organization would like a **presentation** about or would like to **tour** the Ronald McDonald House.