

GIFTS OF LOVE TO THE RONALD MCDONALD HOUSE OF BUFFALO

Enclosed please find my donation for:

- \$1,000 or more \$100
- \$500 \$50
- \$250 \$25
- Other _____

Donor Information

Name: _____
Address: _____
City, State, Zip: _____
Phone: (____) _____

This gift is being made:

In Memory of: _____
In Honor of: _____
Occasion: _____

Please notify:

Name: _____
Address: _____
City, State, Zip: _____

- I have enclosed a check (*Please make checks payable to Ronald McDonald House of Buffalo*)
- Please bill my credit card | Visa Mastercard American Express

Signature: _____
Card Number: _____ Expiration Date: _____

Your gift is tax deductible as allowed by law.

- I wish my gift to be anonymous.
 - Please mail me a volunteer application.
 - Please contact me regarding a gift through my will, trust or life insurance policy.
- Please send me additional gift envelopes.
- My organization would like a presentation about the Ronald McDonald House. Please contact me at: _____