

**Join our Monthly Giving Program
“Family of Friends” – Ronald McDonald House Hamilton**



Yes, I want to help seriously ill children and their families 365 days a year. Here is my monthly pledge of:

\$10 \$15 \$25 My choice \$ _____

Beginning: month _____, _____

You can change or cancel your contribution at any time, simply by contacting Ronald McDonald House.

I authorize Ronald McDonald House in Hamilton to deduct my monthly donation from my bank account on the 1st of each month (enclosed is a cheque marked “Void”).

I authorize Ronald McDonald House in Hamilton to bill my credit card on the 1st of each month.

Please bill my: Visa MasterCard American Express

Card #: _____ Expiry Date: _____

Donation made by: (name on tax receipt)

Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone Number (____) _____

Signature: _____

Your annual tax receipt will be generated at year-end for the total year’s donation.
(\$5.00 minimum per month is required for pre-authorized payment plan).

Please fax form back (905) 521-9515, or send to:

**Ronald McDonald House
1510 Main St. W.
Hamilton, ON L8S 1E3**