

# YES, I'LL GIVE. NO CHILD SHOULD BE AFRAID TO SMILE.

Your tax-deductible gift will assist many and is gratefully received.

|                           |         |       |
|---------------------------|---------|-------|
| 1 Child's Appointment     | \$45    | _____ |
| One-Half Day (8 children) | \$360   | _____ |
| One Day (16 children)     | \$720   | _____ |
| One Week (80 children)    | \$3,600 | _____ |
| Other Amount              |         | _____ |

Name \_\_\_\_\_

Address \_\_\_\_\_

(City / State / Zip) \_\_\_\_\_

*If this is a gift of tribute or memorial (circle one), please include the following information:*

Person Honored \_\_\_\_\_

Name of person to notify \_\_\_\_\_

Address \_\_\_\_\_

(City / State / Zip) \_\_\_\_\_

*If name(s) on recognition materials is to appear differently from above name, please print:*

\_\_\_\_\_

*Please make check payable to  
Ronald McDonald House Charities.*



Send donations to:

Ronald McDonald House Charities of the Ozarks

949 East Primrose Street

Springfield, MO 65807-5257