



**Ronald
McDonald
House®**
LOS ANGELES



Name (As it appears on CC)	
Company/Organization (if applicable)	
Address	
City, State & Zip	
Phone	
E-mail	

DONATION AMOUNT

\$25 \$50 \$75 \$100 Other Amount \$_____

One-Time Donation Monthly Donation

Check Enclosed	
Visa, MC or AMEX	
Credit Card Number	
Expiration Date	
Security Code	
Signature	

Please mail or fax this form to:
 Los Angeles Ronald McDonald House
 4560 Fountain Avenue, Los Angeles, CA 90029
 323.644.3082 – Phone
 323.669.0552 - FAX
 TAX ID# 95-3167869

Questions or for more information about the Los Angeles Ronald McDonald House
 Contact Brianna Gauff at bgauff@rmhsc.org

Thank you for your support.

Donors will receive a formal receipt documenting their donation for income tax purposes.