

## **Ronald McDonald House of Orange County Meal Cancelation/No Show Fee of \$150.00**

Thank you for choosing to participate in the Meals of Love program at the Ronald McDonald House of Orange County. This program benefits the families staying here now.

By choosing to participate in this activity you will agree to a cancelation fee of \$150.00. This fee will be charged if the meal is cancelled within 48 hours of the meal and/or if the group does not show up for the meal without notifying the House prior to the meal.

The Fee of \$150.00 is nonnegotiable and must be paid in full.

All methods of payment are acceptable such as: credit card, check and cash. For all Meals of Love projects credit card documentation/information will be collected. If the group would rather pay the Fee of \$150.00 in check or cash they will have 5 days after the meal date to submit payment to the House, before their credit card is charged.

The Ronald McDonald House of Orange County must be notified within 48-hours of date of the missed meal. If this does not happen, the credit card on file will be charged at the end of the 48 hour period.

Alternative payments are acceptable. Once the Ronald McDonald House of Orange County has been notified of the new payment method, the group will have five days to make the payment. If the payment has not been made within five days, the original credit card will be charged.

If you choose not to agree to the Cancellation Fee of \$150.00, you will not be allowed to volunteer for the Meals of Love program. This is nonnegotiable.

All payment documentation/information is kept within a secured locked space.

Payment documentation/information will not be kept for future Meal of Love Projects. All payment documentation/information is shredded within 1 week of the successfully fulfilled Meal of Love.

Office Phone: 714-639-3600

Fax: 714-516-3697

**OCRMH – CREDIT CARD TRANSACTION FORM**

Enter the information for this transaction.

Note that all fields are required.

**Date:** \_\_\_\_\_

**Card Type: (Circle One)**    AMEX    VISA    MASTERCARD    DISCOVER

Credit Card #: \_\_\_\_\_

Expiration Date(MMY): \_\_\_\_\_

Amount:                    **\$150.00**

CVV2: \_\_\_\_\_

Receipt Number  
(at the time of billing): \_\_\_\_\_

**Billing Address for Card**

Company (if applicable): \_\_\_\_\_

First Name: \_\_\_\_\_

Last name: \_\_\_\_\_

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Phone: 714-639-3600

Fax: 714-516-3697