



**Bakersfield
Ronald McDonald
House**

DONATION FORM

Bakersfield Ronald McDonald House
Bakersfield Memorial Hospital
420 34th St., Bakersfield, CA 93301.

Tax 10 # 95-3167869

Name

Address

City

State

ZIP Code

Email

Phone

This tax-deductible gift is a ---

Donation

Check - made payable to: **Bakersfield Ronald McDonald House,**
Mail to - Bakersfield Ronald McDonald House, BMH, 420 34th St., Bakersfield, CA 93301

AMEX

MasterCard

VISA

Fax to: 661-861-0271

Level ---

House Partner \$25,000 up

Platinum Founder \$10,000-\$24,999

Gold Founder \$5,000-\$9,999

Silver Founder \$2,500-\$4,999

House Associate \$1,000-\$2,499

\$500

\$250

\$100

\$50

\$ _____

Name on card (please print)

Card Number

Expiration Date

Signature

Tribute

Honoring _____ for

Anniversary

Bar/Bas Mitzvah

Birthday

Graduation

Memorial

Thank You

Wedding

Other _____

Personal note for recipient (please print)

Name of recipient

Address

City

State

Zip Code