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