



I would like to make a contribution in the amount of:

- \$10,000
- \$ 5,000
- \$ 2,500
- \$ 1,500
- \$ 1,000
- \$ 600
- Other amount \$ _____

I would like my gift to be:

Anonymous: _____
In honor of: _____
In memory of: _____
In recognition of a special event: _____
Please list any special instructions: _____

First Name: _____ Last Name: _____




Billing Information:

Address 1: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Email: _____

Payment options:

My check is enclosed.

Credit Card:

Card Type:   
Card Number: _____
Card expiration date: (XX/XX) ____/____
CID/CVV Number: _____

Mail or fax your completed form to:

Camp Ronald McDonald for Good Times®
1954 Cotner Avenue
Los Angeles, CA 90025
Ph: 800.625.7295
Fax: 310.473.3338

Thank you for your support – You will receive an acknowledgement in the mail.
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