



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

- \$500 a month
- \$250 a month
- \$100 a month
- \$ 50 a month
- \$ 25 a month
- \$ 20 a month
- Other monthly amount \$\_\_\_\_\_




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

**Billing Information:**

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Payment options:**

**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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