



**Ronald McDonald  
House Charities\***  
Columbia, SC

Please mail to:  
Ronald McDonald House Charities Columbia, SC  
2901 Colonial Drive  
Columbia, SC 29203  
Phone: 803-254-0118

Thank you for your donation to Ronald McDonald House Charities of Columbia, SC. We appreciate your generosity, which will help keep families close!

## \* Personal Information

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

## \* Donation Amount

- ☐ \$50  
☐ \$100  
☐ \$250  
☐ \$500  
☐ \$1,000 ☐ Other Amount: \$ \_\_\_\_\_  
☐ \$5,000

## \* Donation Type

Where would you like your donation credited?

- ☐ General  
☐ House  
☐ Family Room  
☐ Alphie (House Dog)  
☐ Events- Which one? \_\_\_\_\_

## \* Additional Information

- ☐ I prefer to make this donation anonymously.  
☐ Please send me information on volunteering.  
☐ I do not want to receive email updates.

## Tribute Information

This donation is in memory of/tribute to:

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

Type: \_\_\_\_\_

- ☐ Memorial  
☐ Honorarium  
☐ For the anniversary of  
☐ For the birth of  
☐ For the marriage of  
☐ In celebration of  
☐ In special recognition of

Specific tribute description: \_\_\_\_\_

## \* Payment Information

Please make **checks** payable to RMHC of Columbia, SC

Credit Card Type

- ☐ Mastercard  
☐ Visa  
☐ American Express

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Please mail a letter on my behalf to:

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

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

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How did you hear about RMHCSC? \_\_\_\_\_