



Mail-In Donation Form

Your generous gift helps keep families together and promotes the health and well-being of children.



www.RMHC-EasternWI.org

Name(s): _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Business (if applicable): _____

Enclosed is my gift of: \$ _____ for:

General Donation

In honor of: _____

In memory of: _____

Other: _____

Please send an acknowledgment of my memorial/honorarium donation to:

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Please make checks payable to: RMHC Eastern WI. We accept MasterCard, Visa, Discover and AmericanExpress

Credit Card Number: _____

Exp. Date: _____ CVC Code: _____

I will cover the credit card processing fee. Recurring donation: Monthly Quarterly Yearly

My company will match my gift and I have enclosed my company's matching gift form.

Please send information about including RMHC® in my estate plans.

By giving your email address you will receive occasional e-newsletters. We do not sell information.