RMHC
Eastern Wisconsin

Mail-In Donation Form

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

BBB ACCREDITED CHARITY
CHARITY NAVIGATOR Four Star Charity
Platinum Transparency 2025 Candid.

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.

Mail to: 8948 Watertown Plank Road, Milwaukee, WI 53226 414.475.5333