



ADOPT A MEAL PROGRAM PARTICIPATION FORM

Name of organization, group or individual _____

Contact person _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Meal time (select) _____ Breakfast _____ Lunch _____ Dinner _____

Commitment:

_____ Once a week Day of the week _____

_____ Twice a week Days of the week _____

_____ Every other week Day of the week _____

_____ Once a month Month and day of the month _____

_____ Once a quarter Month and day of the month _____

_____ Once a year Month and day of the month _____

Comments:

For Office Use Only:

Date Confirmed and Name of Contact: _____

Type of Dinner: _____

Of People Attending with Group: _____

Thank you for your participation!

Fax form to:

Ronald McDonald House of Miami / or Fort Lauderdale
Attention: House Manager

Miami House Fax (305) 324-5689
Email: miamimanager@rmhcsouthflorida.org

Fort Lauderdale House Fax (954) 828-1824
Email: info@rmhcsouthflorida.org