

**Ronald McDonald House Charities of South Florida (RMHC)**

**“Hope Has a New Home” Campaign Pledge Form**

**Donor Information**



Ronald McDonald House Charities® South Florida

\_\_\_\_\_  
Name

\_\_\_\_\_  
Firm Name (If Corporate Gift)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email



**In recognition of the goals and objectives of the “Hope Has a Home” Campaign, I wish to make the following investment in our children and families as follows:**

**I pledge the total amount of:** \_\_\_\_\_

\_\_\_\_ I prefer to make my total gift immediately, or

\_\_\_\_ I will make my pledge payments in the following manner:

**Payments to be made**

\_\_\_\_ Annually \$ \_\_\_\_\_  
Payment Amount Number of Payments Beginning (Mo/Yr)

\_\_\_\_ Other \$ \_\_\_\_\_  
Payment Amount Number of Payments Beginning (Mo/Yr)

**I would like to dedicate the following room or area in recognition of my gift:**

\_\_\_\_\_

Signature: \_\_\_\_\_

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

**Payment Information**

\_\_\_\_ Enclosed is my pledge payment check. Please make checks payable to: RMHC South Florida

Card Type: \_\_\_\_ VISA \_\_\_\_ Master Card \_\_\_\_ AMEX \_\_\_\_ Discover \_\_\_\_ Other

Cardholder Name If different from above: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC#: \_\_\_\_\_

I want to cover 2% of the Credit Card processing fee: \_\_\_\_ Yes \_\_\_\_ No

Billing Address: Same as above \_\_\_\_ Yes \_\_\_\_ No

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

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date

Your gift is tax deductible to the full extent allowed by law.  
**Please return this pledge form to:**  
Ronald McDonald House Charities® of South Florida  
1145 NW 14th Terrace, Miami, FL 33136  
Tel: 305-324-5683 Email: [soraya@rmhcsouthflorida.org](mailto:soraya@rmhcsouthflorida.org)  
Tax ID #: 59-1899866 Florida Registration #: CH2313