

You're Invited!



Lights of Love Tree Lighting

November 27, 2017

7:00 p.m.

**Bishop's Falls Town Hall, 445 Main Street
709-258-6581**



Please bring your family, dress warm, join us for carols and the tree lighting which will be followed by, hot chocolate and refreshments at the Fire Hall donated by the Town of Bishop's Falls.

For more information www.RMHCNL.ca

The Town of Bishop's Falls is happy to partner with Ronald McDonald House for the Lights of Love Tree Lighting.



LIGHTS OF LOVE DONATION FORM

Charitable Registration # 85050 2865 RR0001

INSTRUCTIONS: Please print and complete this form. Submit it using one of the following options.

FAX / PHONE/ EMAIL	MAIL	IN PERSON	ONLINE
1-709-738-0000 (Phone) 1—855-955-4663 (Toll Free) 1-709-747-1270 (Fax) info@rmhcnl.ca (email)	Ronald McDonald House Charities® Newfoundland & Labrador P.O. Box 28091 St. John's, NL A1B 1X0	Ronald McDonald House Charities® Newfoundland & Labrador 150 Clinch Crescent St. John's, NL	www.RMHCNL.ca

SECTION A: Gift Details

GIFT AMOUNT	PAYMENT METHOD	
<input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque / money order made payable to Ronald McDonald House Newfoundland & Labrador <input type="checkbox"/> Charge my VISA <input type="checkbox"/> Charge my MasterCard	Card # _____ Expiry Date: _____ Signature: _____ Today's Date: _____
Tick 1 Option - My gift is: Lights of Love Tree Donation <input type="checkbox"/> In Memory of (See Section C1) <input type="checkbox"/> In Honour of (See Section C1) <input type="checkbox"/> Other _____		

SECTION B: Donor Details - Required For Official Tax Receipt Purposes

DONOR NAME: _____ PHONE #: _____
 ADDRESS: _____ EMAIL: _____
 CITY / TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

SECTION C1: To Be Completed Only For In Memory / In Honour Gifts

PLEASE PRINT THE NAME OF THE PERSON THAT YOUR DONATION IS

IN MEMORY / HONOUR OF: _____
 (Title) (First Name) (Last Name)

Would you like an acknowledgement letter sent to next of kin / loved one of the In Memory / Honour person listed above?

NO, an acknowledgement letter is not required.
 YES, send an acknowledgement letter to the recipient below:

SECTION C2: ACKNOWLEDGEMENT LETTER RECIPIENT – (NEXT OF KIN / OTHER LOVED ONES)

Recipient Name: _____

Address: _____

City / Town: _____ Province: _____ Postal Code: _____

The Ronald McDonald House Charities® Newfoundland and Labrador (RMHC NL) is dependent upon the generous support and volunteers to fulfill its mission. RMHC NL collects your personal information in order to process your donation and to issue a tax receipt. Unless otherwise requested tax receipts are issued for donations of \$10 or more. We do not share your personal information.

PLEASE INDICATE YOUR PREFERENCE:

- Yes, I wish to receive written / email communications from Ronald McDonald House Charities Newfoundland and Labrador.
- No, I do not wish to receive written / email communications from Ronald McDonald House Newfoundland and Labrador.