



**Ronald McDonald
House Charities®**
Northeast Ohio

Federal Tax ID #34-1269123

Donation Receipt

Thank you for your donation to Ronald McDonald House Charities® of Northeast Ohio, Inc. Your gift helps us enhance the healthcare experience for families and children. *If an item cannot be used in our programs, it may be gifted as a prize at a fundraising event or donated to another non-profit we work with.*

Person Filling Out Form: _____

Donor Information

Name _____ Title _____

Company/Organization/Group _____

Street Address _____ City/State/Zip _____

Phone _____ Email _____

Monetary Donations (check all that apply):

Cash (Total \$ _____) Checks (Total \$ _____) Gift Cards (Total Card Value \$ _____)

Items/ In-Kind Donations (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Tickets # _____ for Event Name and Date _____ | <input type="checkbox"/> Household /Cleaning Supplies & Paper Products |
| <input type="checkbox"/> Pull Tabs: Collect-a-Million Club Weight _____ | <input type="checkbox"/> Toiletries |
| <input type="checkbox"/> Activity Bags/Crafts | <input type="checkbox"/> Toys/Games/Books/Gifts |
| <input type="checkbox"/> Blankets/Quilts/Pillowcases | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Food/Beverage | <input type="checkbox"/> Provided a Meal: _____ |
| <input type="checkbox"/> Wish List Items | Wish list Drive: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Estimated Value of Item Donation: \$ _____

Notes about this donation: _____

For RMHC NEO Volunteer/Staff Only

Location: _____

Donation Received by: _____ Date: _____

WHITE COPY = HOUSE; YELLOW COPY = DONOR