



Ronald McDonald
House Charities®
New England



Help Pave The Way To Love

Your personalized brick or paver will be placed in our courtyard at the Ronald McDonald House of Providence – a calming, beautiful respite where our guests can relax and focus on hope and healing. Bricks and pavers may be inscribed with a personal message to acknowledge a family member, friend, teacher, or to honor the memory of a loved one. By purchasing a brick or a paver you will become part of the legacy of RMHC New England and you will help to keep families close when they need it most.

Thank you for your support.

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 E-mail: _____ Phone: _____

4" x 8" Brick \$ 100 8" x 8" Brick \$250 8" x 8" Granite Paver \$ 500

Payment Method:

____ Check ____ Visa ____ MasterCard ____ Discover ____ American Express

Name on card: _____
 Card #: _____ Exp. Date: _____
 Billing Address (if different from above): _____
 City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Name of person(s) donation is in tribute of: _____

We will inform them or their family of your generous and thoughtful gift.

Family Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Please sign and return to:

Ronald McDonald House Charities of New England - 45 Gay Street - Providence, RI 02905
 Fax: 401-751-3730 or E-mail: tledo@rmhcne.org

Please complete the inscription on page 2.

Thank you for supporting the Ronald McDonald House Charities of New England. RMHC New England is a 501(c)(3) organization – EIN 22-2760752. Contributions are tax deductible to the fullest extent permitted by law.

PLEASE PRINT ONE LETTER OR BLANK SPACE PER BOX.

- My gift of \$100 entitles me to a 4" x 8" brick
(14 characters per line, including blank spaces, 3 lines maximum)

- 8" x 8" brick
(14 characters per line, including blank spaces, 6 lines maximum)

- My gift of \$500 entitles me to a 8" x 8" granite paver
(14 characters per line, including blank spaces, 6 lines maximum)

Please complete and return with payment to:

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45 Gay Street Providence, RI 02905

Or Fax: 401-751-3730 or E-mail: tledo@rmhcne.org

