



Ronald McDonald House Charities of Hawaii

2018 Share a Night Donation Form

Share a Night ✨
Annual Gala

DONOR INFORMATION

Donor or Company Name (as it should appear in printed materials)	
Address (City, State, Zip)	
Contact Name	Contact E-mail
Phone Number:	Fax Number:
Signature (required)	Donation Date:

DONATED ITEM INFORMATION

Please feel free to provide flyers, pictures, brochures, etc. to be displayed with your auction item(s).

Name of Item or Service Donated *:	
Description:	
Cost or Retail Value:	Expiration Date (if applicable):

*Service or Gift Certificate – Please include the following information on or with certificate:

- Name of product or service
- Description of what is included and what is excluded
- Name and phone of person to contact for further information if needed
- Instructions on how to redeem if necessary
- Any additional information about the donation, e.g., descriptive brochure
- Date of expiration

Delivery Options – Please send item(s) by October 31, 2018. If you have any questions, contact Lisa at lisa@rmhchawaii.org or by phone at (808) 892-1902.

____ I, or a representative of the company, will deliver the item(s) to RMHC-HI:

Mailing Address

Ronald McDonald House Charities of Hawaii
P.O. Box 61777
Honolulu, HI 96839-1777
Attn: Lisa

Physical Delivery Address

Ronald McDonald House (in Manoa)
1970 Judd Hillside
Honolulu, HI 96822

____ I will need the item(s) to be picked up. Please call the number above to make arrangements.

Please enclose the original form with the donated item(s). Thank you for your tax-deductible donation in support of seriously ill children and their families. Federal Tax ID #99-0222124.