| Yes! I want to   | ) help provide a 🗰  |                |  |
|--|---|----------------|--|
| home away from home for families of sick or recovering * children from around the world.   |   |                |  |
|  |   | Mr Mrs Ms Miss |  |
|  |   | Name(s)        |  |
| Address  |   |                |  |
| City   |   |                |  |
| ,  |   |                |  |
|  | Zip   |                |  |
| Phone  |   |                |  |
| Email Address  |   |                |  |
| I/We are proud to for a Place <sup>®</sup> with  | support Sam's Race<br>a gift of:  |                |  |
| STARTING GATE  |   |                |  |
| Gifts of \$5.00,   | \$10.00, \$20.00 \$   |                |  |
| <b>GREEN RUN LEVE</b><br>Typical cost for a one day  | L<br>family stay at Ronald McDonald House® is \$45                              |                |  |
| One day's stay   | y - \$45.00   |                |  |
| Two days' stay   | y - \$90.00   |                |  |
| Three days' st   | -   |                |  |
| Four days' sta   | -   |                |  |
| Five days' stay  | -   |                |  |
| Six days' stay   |   |                |  |
| Seven days' s  | tay - \$315.00  |                |  |
| BLUE RUN LEVEL   | <b>#</b> 222 22   |                |  |
|  | · · · · · · · · · · · · · · · · · · ·   |                |  |
|  |   |                |  |
| Three week's s   |   |                |  |
| Donors at this level will re   | eceive name recognition on a plaque<br>se for a Place board in the lobby of the |                |  |
| \$1,500.00   |   |                |  |
| \$2,500.00   |   |                |  |
| \$   |   |                |  |
| Please make checks payable/mail to:  |   |                |  |
| Ronald McDonald House of Springfield, MA, Inc.<br>34 Chapin Terrace, Springfield, MA 01107 |   |                |  |
| Ronald McDonald House.   |   |                |  |

\*The Ronald McDonald House of Springfield Mass., Inc. is a 501(c)(3) organization.