

Yes, I want to
SOAR

with the Ronald McDonald House!
and receive a copy of *Soaring*, a CD of Ozarks angels.



Complete both sides of this card
and return in the enclosed envelope.

If this is a gift of *tribute* or *memorial* (circle one), please
provide us with the following information:

NAME OF PERSON HONORED

NAME OF PERSON TO NOTIFY

ADDRESS

CITY STATE ZIP

I want to SOAR!

YOUR NAME

ADDRESS

CITY STATE ZIP

• If name(s) on recognition materials is(are) to appear differently
from name above, please print:

PERSON TO BE RECOGNIZED

Check one:

- I wish to Share-a-Night for the time period indicated:
 - One month ~ Guardian Angel .. \$1,140 ~ Pledge: \$ _____
 - One week ~ Guiding Angel \$266 ~ Pledge: \$ _____
 - One day ~ Cherub \$38 ~ Pledge: \$ _____
 - I am unable to Share-a-Night, but I wish to make a donation
for the enclosed amount: \$ _____.

Check one:

- My check for \$ _____ is enclosed, OR
- Bill me for \$ _____ (circle one): Quarterly Monthly

Please send me _____ *Soaring* CDs. (A minimum gift of \$38
is required to receive one CD.)

Your gift is needed and gratefully received.

Mail to:
Ronald McDonald House of the Ozarks
949 E. Primrose St.
Springfield, MO 65807-5257