

	FILL	IN	THE	CHAR	ACTER	S A	LLOWI	NG A	BLANK	FOR	EACH	SPACE.	PLEASE	PRINT.
LINE 1														
LINE 2														
LINE 3														
Please comple House and ma	il to:	Rona	ıld Mo	cDonal	d Hous	e • F	P.O. Bo	x 2688	3 • JOPL				Donald	Z.
ADDRESS:													10	
STATE:			2	ZIP:										
PHONE:													House	MCDONALD CHARITIES FOUR STATES