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**Nashville, Tennessee 37212**

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**Fax (615) 343-4004**

[**www.rmhcnashville.com**](http://www.rmhcnashville.com)

# Ronald McDonald Family Room

# S.O.S. "Stock Our Shelves"

**S.O.S. Sponsors support the Ronald McDonald Family Room** by providing a $ 500 donation to underwrite one month of snacks, beverages, and supplies for the more than 1,400 individuals who visit our Family Room each month. As a Sponsor, your name will be displayed in the Family Room as the **"S.O.S. Sponsor of the Month"**.

The Family Room is an extension of the Ronald McDonald House located on the Pediatric Critical Care Unit of Monroe Carell Jr. Children’s Hospital at Vanderbilt. Anyone whose child is receiving treatment at Children’s Hospital is welcome to visit the Family Room. This room is a place where families from far and near can enjoy a quiet respite from corridors and waiting rooms, whether or not they are staying at the Nashville Ronald McDonald House.

The facility is a beautifully furnished area that offers parents, siblings and even sick children a place to rest, relax, talk, get a snack, or make a private telephone call away from the busy and often crowded hospital. The Family Room features a living room area with television, a half bath, a full kitchen with snacks and is manned by caring volunteers and part-time staff from 9:00 a.m. to 9:00 p.m. daily.

To become an S.O.S. Sponsor, please complete this form and return it to the address below, visit our website at [www.rmhcnashville.com](http://www.rmhcnashville.com) or contact us at (615) 343-4000.

\_\_\_ Yes, I would like to participate as an S.O.S. Sponsor of the Ronald McDonald Family Room.

\_\_\_ I am unable to participate as an S.O.S. Sponsor of the Ronald McDonald Family Room, but enclosed is my donation in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_ I would like additional information about volunteering in the Ronald McDonald Family Room.

Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company/Group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I would like to pay by: Check \_\_\_\_ MasterCard \_\_\_\_ VISA \_\_\_\_ AMEX\_\_\_\_ Discover\_\_\_\_

Total enclosed: $\_\_\_\_\_\_\_\_\_\_\_

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Billing Address Associated with Card if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_