

for office use

Rec by: \_\_\_\_\_ Date: \_\_\_\_\_  
TY: \_\_\_\_\_ Date: \_\_\_\_\_  
Exceed: \_\_\_\_\_ Date: \_\_\_\_\_



## Ronald McDonald House Charities of Greater Cincinnati ® Pull Tab Program

_____	<b>Registration Form</b>
_____	<b>Donation Form</b>

Date: \_\_\_\_\_  
Name of School/Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Class (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_


Would you like to have your school/organization listed on our website?  Yes  No  
Would you like to use our logo to link to our site from yours?  Yes  No  
Are you interested in becoming a designated drop off site?  Yes  No  
*(If accepted, this would allow the community to bring tabs to your location and also entitle you to RMH pickups.)*

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Weight of tabs: \_\_\_\_\_ lbs. = \_\_\_\_\_ (Number of tabs)  
*If submitting a check for tabs already recycled:*  
Amount \$ per pound \_\_\_\_\_ = \$ \_\_\_\_\_

**Tabs may be dropped off any day between 9 AM and 9 PM.**

**Ronald McDonald House Charities of Greater Cincinnati ®  
Attn: Pop Tab Coordinator  
350 Erkenbrecher Avenue, Cincinnati, OH 45229**

**Phone: 513-636-7642 ♥ Fax: 513-636-9702 ♥ rmhcincinnati.org ♥** 

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*Complete and detach for donor receipt.*

**Thank you for supporting our families!**

Date: \_\_\_\_\_ Pounds: \_\_\_\_\_  
Name of School/Organization: \_\_\_\_\_

