



Ronald McDonald House

Ronald McDonald Houses of Indiana are homes-away-from-home for the families of children receiving medical treatment at nearby hospitals. Every year, more than 1,900 *families* stay at the Ronald McDonald House of Indiana while their children receive life-saving treatment at Indianapolis-area hospitals, primarily Riley Hospital for Children.

There are many ways volunteers can help families dealing with the stress when having critically ill children.

COLLECT POP TABS - Save pop tabs off aluminum cans. These are recycled and generate much needed funds.

MAKE A TAX DEDUCTIBLE CONTRIBUTION - Monetary gifts insure that the Ronald McDonald Houses will continue to serve Indiana families.

MAKE IN-KIND CONTRIBUTIONS - Gifts of products or services are always welcome. Contact the House for current needs.

VOLUNTEER AT THE HOUSE - Contact the House for needs and time to volunteer.

For more information contact one of the Ronald McDonald Houses listed below or at www.rmh-indiana.org

Development Assistant
Ronald McDonald House of Indiana
435 Limestone
Indianapolis, IN 46202-2819
317-269-2247

RMHC of the Ohio Valley
3540 Washington Avenue
Evansville, IN 47714 USA

Phone: 812 402-7642
Fax: 812 473-1896

RMHC of Northeastern Indiana
2120 Carew Street
Fort Wayne, IN 46805 USA

Phone: 260 373-7975
Fax: 260-373-7976
Website: <https://www.rmhc-neindiana.org/>

RMHC of Central Indiana
111 Monument Circle Suite 882
Indianapolis, IN 46204 USA

Phone: 317 684-7711
Fax: 317 684-0188

RMHC of Michiana
615 N. Michigan St., 3rd Floor
South Bend, IN 46601 USA

Phone: 574 255-1933
Fax: 574 255-2376

Ronald McDonald House Wish List

Listed below are items that the Ronald McDonald House currently needs to serve our families. Please remember that the House is just like your home and we can use many of the same items that you use in your house. We do ask that items are new for the health and safety of our guests and volunteers. Due to stringent Health Codes, please don't forget to check your expiration dates.

For The Pantry

Fresh Fruit
Cereal (Individual Servings)
Tuna & Cracker Snack Packs
Canned Meats (chicken, turkey, ham)
Pretzels and Chips (individual servings)
Snacks (Little Debbie's, Cookies)
Eggs and Bread
Individual Juice Boxes
Bottled Water
Ravioli
Frozen Dinners and Microwave Meals
Canned Fruit (Pineapple and Pears)
Microwavable Macaroni & Cheese
Cooking Oil
Cereal Bars

For the Kitchens & Baths

Aluminum Foil
Plastic Storage Baggies (Sandwich and Quart size)
Dishware (Including drinking glasses)
Muffins Tins and Cookie Sheets
Pots & Pans for Cooking (Skillets)
Correlle Ware Dishes
Regular Silverware
Disposable and Non Disposable Utensils (Forks & spoons)
Styrofoam Cups (12oz), bowls, and plates
Toilet Paper

For the Guest Rooms

Hairspray
Lotion
Liquid Hand Soap
Deodorant
Mouthwash
Queen Thermal Blankets
Female Shaving Cream
Disposable Razors

Pack -N-Plays

Body Wash
Irons
Tooth Brushes
Drying Rack
Shampoo and Conditioner
Hair Dryers
Laundry Baskets
Kleenex

Cleaning Supplies

Scrubbing Bubbles Bathroom Cleaner
Disposable Gloves
Dryer Softener Sheets
Windex
Toilet Bowl Cleaner
Lysol Wipes
All Purpose Cleaner
Murphy's Oil Soap
Daily Shower Spray
Liquid Laundry Detergent
Liquid Dishwashing Soap
Hand Sanitizer

Office Needs

Manila Folders
8 x 11 Color & White Copy Paper
Stamps

Other

Air Freshener
Disposable Single-Use Thermometers
Disposable Diapers (all sizes)
Feminine Products
Alarm Clocks
Lactation Products (Nursing Mothers)
Gift Items (for Special Events & Silent Auctions)
Scrapbooking Materials
Umbrellas

Find current WISH LIST at www.rmh-indiana.org



NON-CASH DONATION FORM

Today's Date: _____

Donor Name: _____

Contact Name (if donor is an organization): _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone Number: _____ E-mail: _____

**Item(s) Donated
(List or Description)**

**Estimated Value
(Provided by Donor)**

_____	\$ _____
_____	\$ _____
_____	\$ _____

Please contact me (the donor) with information about:

- | | | |
|--------------------------------------------|--------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Community Events | <input type="checkbox"/> Food Pantry Items | <input type="checkbox"/> Pop Tab Program |
| <input type="checkbox"/> Holiday Wish List | <input type="checkbox"/> Volunteering | <input type="checkbox"/> RMH Speaker's Bureau |
| <input type="checkbox"/> Sponsorships | <input type="checkbox"/> Group Tours | <input type="checkbox"/> RMH Special Events |

Please circle donation purpose: Pop Tab General Food Meal Christmas Wish List Library

(Office Use Only)

✧ Please place in Betsy Breeden's mailbox after thank you is written. ✧

1. Thank You Sent	_____	_____
	Date	Initials

2. Entered	_____	_____
	Date	Initials