



Ronald McDonald House®
Rochester, MN

Speaker/Tour Request Form

Requestor Information

Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Group/Organization Information

Group/Org. Name: _____ Type of Org: _____

Type of Request (Circle One): Tour of RMHMN / RMHMN Rep. to Present at Meeting / RMHMN Rep. to Attend Meeting / RMHMN Rep. to Accept Donation

Date Requesting: _____ Time: _____

Time Allotted: _____ Location: _____

If Presentation, Do You Prefer a PowerPoint?: _____ Projector Available?: _____

Laptop Available?: _____ Has RMHMN Presented to Group Before?: _____

Goal of Presentation / Tour: _____

Topics Interested In (Circle all that apply): General Overview / History / Mission / Events / Fundraising / Volunteering / Pop Tab Program / #KidsHelpingKids / Wish List

Other/Notes:

Please email or mail this form to:

Jacob Dreyer

Ronald McDonald House of Rochester

850 2nd Street SW

Rochester, MN 55902

Email: JDreyer@RMHMN.org Phone: 507-252-2165

(For Internal Use Only) Received By: _____ Date: _____