



Expansion 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 RMH / RMH Rep. to Present at Meeting / RMH Rep. to Attend Meeting / RMH 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:

Marit Williams

Ronald McDonald House of Rochester

850 2nd Street SW

Rochester, MN 55902

Email: MWilliams@RMHMN.org Phone: (507) 252-2165

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