

# Ronald McDonald House Charities New York Metro New Hyde Park Advisory Board

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Please complete this form and email to [sdixon@rmhcnym.org](mailto:sdixon@rmhcnym.org)

## PERSONAL BACKGROUND

Name:

Preferred salutation/nickname:

Marital status:

Spouse's name:

Spouse's preferred salutation:

Primary residence:

Telephone:

Secondary residence:

Telephone:

Place of employment:

Your title:

Business address:

Business telephone:

Email address:

Where do you prefer your mail to be sent? Please check all that apply:

Primary Residence \_\_\_\_\_ Work \_\_\_\_\_ Secondary Residence \_\_\_\_\_ (indicate time period)

Preferred method of contact: Email \_\_\_\_\_ Mail \_\_\_\_\_ Phone \_\_\_\_\_

## **EDUCATION**

Name and location of high school:

Undergraduate and graduate schools attended, and degrees awarded:

Institution	Degree	Date awarded
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Have you ever received any Honorary Degrees? Yes \_\_\_ No \_\_\_\_\_

If so, please list them below:

Institution	Degree	Date Awarded
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## **BUSINESS BACKGROUND**

Type of business:

Size of business: # of Employees

Is this a \_\_\_\_\_ single-proprietorships  
          \_\_\_\_\_ partnership  
          \_\_\_\_\_ publicly held corporation

Does your company have a corporate giving program? Yes \_\_\_ No \_\_\_\_\_

If yes, please list the appropriate contact person(s):

Name	Title	Telephone
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If applicable, please describe your company's giving priorities (arts, social services, education, etc.) and the type of support it offers (in-kind services, in-kind goods, grants for program support, grants for capital projects, unrestricted support.)

Do you think your company would support the Ronald McDonald House of Long Island?  
If so, in what capacity?

Please list any business-related committees or organizations that you are involved with and offices you currently hold or have held within the last three to five years:

Organization Name      Office              Tenure

(Please continue on the opposite side, if necessary.)

Are you on the board of any corporations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the(ir) name(s) and location:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Would you be willing to approach any of these companies for support for RMHC New York Metro?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please make a check next to the name of the company(ies) you would be willing to approach.

### **FAMILY BUSINESS BACKGROUND**

Does your spouse work? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please indicate his/her title and place of employment:

Title                                      Place of Employment, address and telephone

Type of business:

### **PHILANTHROPIC INTERESTS**

Do you or your spouse serve on the board of any foundations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the name, address and website of the foundation:

Name                                      Address

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Do you think any of these foundations would be interested in supporting RMHC New York Metro?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please make a check by the name of the foundation(s) that would support this institution.

Please list any charitable organizations you support either through direct monetary contributions or as a volunteer. Please list these organizations in priority order::

Name	Location
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(Please continue on the other side, if necessary.)

Do you serve on the board of any of these organizations? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe the kinds of activities you would like to be involved with as member of the RMHC New York Metro Advisory Board.

### RECREATIONAL ACTIVITIES

Please list any clubs you belong to:

Club name	Location
_____	_____
_____	_____
_____	_____

Other: \_\_\_\_\_

