



## Ronald McDonald House of Charlotte

### Pop Tab Partner Program Registration Form

Date: \_\_\_\_\_

Name of School/ Organization/Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to have your organization/business listed on our website?

YES

NO

Are you interested in becoming a designated tab drop off site?  
(This allows the community to drop off tabs at your location)

YES

NO

~If yes, please list:

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

What days and times would you be willing to accept tab donations?

DAYS: \_\_\_\_\_

TIMES: \_\_\_\_\_

Would you like to join the Million Tab Challenge?

YES

NO