



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