



# Privacy Information Request

Please fill out the form below, print, sign and fax or send to us by mail.

**Fax to:**

404.315.7873

**Or Mail to:**

Atlanta Ronald McDonald House Charities  
ARMHC Privacy Policy  
795 Gatewood Road NE  
Atlanta, GA 30329

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FIRST NAME

LAST NAME

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STREET ADDRESS

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CITY

STATE

ZIP CODE

EMAIL

**Your Request:**

- Please delete my personal information.
- Please discontinue further use of my personal information.
- Please provide me with all the personal information you have collected.

By signing this form, I attest to the fact that I am the individual named above.

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SIGNATURE

DATE