DONATION FORM

Please Print Clearly
Donor’s Name (for receipt) ____________________________________________

Address __________________________________________________________________________

City / Province __________________________ Postal Code ___________________________

Telephone (Home) __________________________ (Business) ___________________________

Fax Number __________________________ (Cell Number) ___________________________

Email __________________________________________________________________________

☐ Please do not contact me about special events and/or museum news.

GIFT DESIGNATION

☐ Area of Greatest Need ☐ Free2Play Access Program ☐ Galleries & Programming

☐ Capital Campaign ☐ Rural Access Program ☐ Other __________________________

GIFT INFORMATION

☐ One Time Gift

in the amount of $ _____________

☐ Pledge Instalments

I (we) pledge a total gift of $ _____________ spread over ☐ 1 ☐ 2 ☐ 3 year(s) ☐ Other _____________

Instalments will be paid: ☐ Bi-Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other _____________

beginning on (MM/DD/YY) _____________.

☐ I would like to receive pledge reminders via email

Note: Charitable tax receipts will be provided for all donations over $20.

PAYMENT INFORMATION

☐ Cheque (payable to Manitoba Children’s Museum)

☐ Cash

☐ Electronic Funds Transfer (please include a sample VOID cheque)

☐ Credit Card (Circle one: VISA or MasterCard)

Credit Card # __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Expiry Date __ / __

Name of Cardholder ____________________________________________________________

Signature ____________________________ Date _____________

GIFT RECOGNITION

☐ You may list my (our) name(s) in any published donor listings.

☐ I would like my name to remain anonymous.

☐ I would like to name my gift

In Memory of: ________________________________ In Honour of: __________________________

If you would like an acknowledgment card sent, please provide their name/address:

Recipient’s Name ________________________________

Address __________________________________________________________________________

City / Province __________________________ Postal Code ___________________________