



# 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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Free2Play Access Program | <input type="checkbox"/> Galleries & Programming |
| <input type="checkbox"/> Capital Campaign      | <input type="checkbox"/> Rural Access Program     | <input type="checkbox"/> Other _____             |

## GIFT INFORMATION

- One Time Gift  
in the amount of \$ \_\_\_\_\_  
-or-
- Pledge Installments  
I (we) pledge a total gift of \$ \_\_\_\_\_ spread over  1  2  3 year(s)  Other \_\_\_\_\_  
Installments 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 \_\_\_\_\_