



Please Print

Donation Form

Manitoba Children's Museum
45 Forks Market Road
Winnipeg, MB R3C 4T6

204.924.4000 info line
204.956.2122 fax

Name _____

Address _____ City/Town _____ Prov _____ PC _____

Telephone (home) _____ (business) _____

Fax / Cellular _____ Email _____

I give the Manitoba Children's Museum permission to contact me by email.

Acknowledgment of donation in the name of: _____

Please designate my gift to:

Annual programs/exhibits Free Access Program Capital Campaign Endowment Fund

Contribution:

Enclosed now is a one time gift of \$ _____

OR I (we) pledge a total gift of \$ _____ spread over 1 2 3 year(s) other
Installments will be paid monthly quarterly semi-annually annually other beginning on
(M/D/Y) _____. Would you like to receive pledge reminders? Yes No

Enclosed now is \$ _____

Payment Information:

Cheque (payable to Manitoba Children's Museum)
 Credit Card Electronic Funds Transfer (please include a sample VOID cheque)
 Property Other

Please charge \$ _____ to VISA MasterCard

Name of cardholder: _____

Card #: _____ - _____ - _____ - _____ Expiry: ____ / ____

Signature: _____ Date: _____

Recognition of Gift:

You may list my (our) name and gift amount.
 You may list my (our) name but please keep the gift amount anonymous.
 I (we) would like my (our) name (s) to appear as: _____
 I would like my name and gift amount 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:

Name _____
Address _____ City/Town _____ Prov _____ Postal Code _____
Telephone (home) _____

Charitable tax receipts will be provided and acknowledgment of the gift will be recognized according to level.