

DONATION FORM



Please Print Clearly

Donor's Name (for receipt) _____

Address _____

City / Province _____ Postal Code _____

Telephone (Home) _____ (Business) _____

Fax Number _____ (Cell Number) _____

Email _____

Please sign me up to receive the monthly CM eNews & other important updates & information from the Children's Museum.

GIFT DESIGNATION

- Area of Greatest Need Free2Play Student Access Program Galleries & Programming
 Capital Campaign Rural Student Access Program 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 qualifying 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 _____

45 Forks Market Road | Winnipeg, MB | R3C 4T6 | Phone: 204.924.4000 | Fax: 204.956.2122

THE CHILDREN'S MUSEUM IS A REGISTERED CHILDREN'S CHARITY (#10348 0943 RR0001)

CM STAFF ONLY FORM

COMPLETED BY: _____ DATE COMPLETED: _____