



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

204.924.4000 info line
204.956.2122 fax

Capital Campaign Donation Form

Date: _____

Donor Information:

Name(s) _____

Address _____ City/Town _____ Prov _____ PC _____

Telephone (home) _____ (business) _____

Fax / Cellular _____ Email _____

Pledge Information:

I (we) want to help the Children's Museum build a new museum *that sparks kids' creative learning* by making a contribution to the *Under Construction Capital Campaign*.

Buy a block and it will be displayed on the Block Wall in the new museum.

• \$50 - \$99	red	• \$500 - \$749	orange
• \$100 - \$249	blue	• \$750 - \$999	purple
• \$250 - \$499	green		

***Gifts of \$1000+ will be recognized on our official Donor Wall in the appropriate category.

My one time gift is \$ _____.

I would like to pledge a donation of \$ _____ to be paid over _____ years.

Contribution Form:

I (we) plan to make our contribution in the form of:

_____ Cash/Cheque (payable to Manitoba Children's Museum - Capital Campaign)

_____ Credit Card

_____ Automatic Bank Account Withdrawal (please include a sample VOID cheque)

_____ Property _____ Other

Please charge my credit card ___ VISA ___ Mastercard

Name of cardholder: _____

Card #: _____ Expiry: ____ / ____

Signature: _____ Date: _____

Recognition of Gift:

___ You may list my (our) name but please keep the gift amount anonymous. (Listed by donor level in some cases.)

___ I would like my name and gift amount to remain anonymous.

I (we) would like my (our) name (s) to appear as: _____