

## DONATION FORM

### RECEIPT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

If this is a corporate donation, Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

### GIFT DESIGNATION

- Area of Greatest Need     
  Free2Play Access Program     
  Explore-Abilities Access Program  
 Capital Campaign     
  Galleries & Programming     
  Other: \_\_\_\_\_

### GIFT INFORMATION

One Time Gift in the amount of: \$ \_\_\_\_\_

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

### PAYMENT INFORMATION

Donation Date: \_\_\_\_\_

- Cheque (payable to *Manitoba Children's Museum*)     
  Cash     
  Debit  
 Credit Card (Circle one: VISA or MasterCard)

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_

Cardholder Name: \_\_\_\_\_

(MM / YY)

Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

### GIFT RECOGNITION

Please select one of the following options:

- Include name in any published donor listings  
 In Memory of \_\_\_\_\_ in any published donor listings  
 In Honour of \_\_\_\_\_ in any published donor listings  
 Remain anonymous

For further assistance, please contact Sally Sweatman, Development Coordinator, at 204.924.4010 or [ssweatman@childrensmuseum.com](mailto:ssweatman@childrensmuseum.com).