



Giving/Pledge Form

DONOR INFORMATION

Individual/Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

YES, I / We pledge \$ _____ to the Children's Museum of Skagit County, payable by installments(s) up to Dec. 31, 2010.

(please check one) **Start date:** _____

- One-time Gift
- Annually
- Quarterly
- Other _____

Check here if you wish for your contribution to remain anonymous.

Unless you wish to remain anonymous, please print your name as you would like it to appear in CMSC campaign publication and donor listings:

Donor Recognition

(please check one)

- Interactive Donor Wall
(located outside museum)
- Donor Wall
(located inside museum)
- Exhibit Naming Opportunity
- Other recognition requested:

Name recognition as follows:

PAYMENT OPTIONS:

Check or money orders can be sent to:

Children's Museum of Skagit County
550 Cascade Mall Dr.
Burlington, WA 98273

If you would like to pledge stock, please call Cate at (360) 757-8888.

CREDIT CARD INFORMATION

Visa MasterCard Exp. Date: _____

Card # _____

Signature _____

All credit card donation will be processed by the Children's Museum of Skagit County.

Matching Gift: My employer will match my gift. Enclosed is my company's matching gift form.

Employer/Company Name: _____

DONOR SIGNATURE _____

DONOR SIGNATURE (second) _____

For more information, Contact: Cate Melcher, Executive Director
Tel.: (360) 757-8888 Cell: (360) 770-9746 Email: cate@cnw.com

Thank You For Your Generous Support