

Donation Form



DONOR INFORMATION Indiv	idual or Family	Business Organization/Service Club
Donor Name:		
Contact Name/Title:		
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GIVING LEVELS GIVING PLAN		
GIVING LEVELS All gifts are welcome and greatly appreciated. Select your gift amount:		I /We want to contribute \$ to the Children's Museum of Skagit County. My donation is a:
 \$100,000 \$5,000 \$75,000 \$2,500 \$50,000 \$1,000 \$25,000 \$500 \$10,000 \$250 \$250	CREDIT CARD: Card#: Exp. Date: I authorize the Childre card provided herein.	 One-time gift Monthly gift, for months Quarterly gift, for quarters Yearly gift, for years All donors will be recognized on our website, in social media and on our donor wall. Please print the name you would like to have appear in CMSC donor listings: I would like my contribution to remain anonymous. Visa Mastercard AMEX Billing Zip Code:
Burlington, WA 98233	agreement.	
Online donations can be made at Cardholders Signat		
		/ITHDRAWAL: Checking Savings Other Account #:
MATCHING GIFT: My employer will match my gift. My companies matching gift form is enclosed. Employer/Company Name:		
DONOR SIGNATURE(S):		
For more information, to pledge stock or to inquire about exhibit sponsorships, please contact: Cate L. Anderson, Executive Director. Tel: (360) 757-8888 Cell: (360) 770-9746 Email: <u>cate@skagitcm.org</u> CMSC TaxID: 91-2081180 SkagitChildrensMuseum.net Thank you for helping us to Build a Bigger, Better, Brighter new home for CMSC!		