



GIFT AMOUNT

\$2,500 \$1,000 \$500 \$350 \$100 \$50 Other: \$_____ THANK YOU!

MAKE YOUR GIFT NOW

Select a payment option.

A check payable to Madison Children's Museum is enclosed.

Please charge this credit card

Visa MasterCard Amex Discover

Name on card _____

Card No. _____

Expiration _____ CVV _____

OR

COMMITMENT NOW AND PAY LATER*

Indicate your intended payment method.

- Personal Check or Credit Card
Individual Retirement Account (IRA)
Donor-Advised Fund
Stock

Intended fulfillment date: _____

*Madison Children's Museum is pleased to provide recognition to donors who indicate their intent to support the museum. Commitments must be fulfilled within one year of the date recorded by MCM.

YOUR INFORMATION

Your name _____

Home phone _____ Cell phone _____

Primary email _____

Address _____

City _____ State _____ Zip _____

SPOUSE/PARTNER INFORMATION

Name _____

Home phone _____ Cell phone _____

Primary email _____

RECOGNITION LISTING

Please recognize me/us as _____

I/we prefer to remain anonymous

DONOR BENEFITS+

Indicate which donor benefits you would like to accept. Minimum donation amounts apply.

Wonder Maker Membership (\$350 minimum donation)

MCM guest passes (\$350 minimum donation)

Adult Swim passes (\$500 minimum donation)

*These benefits have a fair market value. If you are making your gift through an IRA or Donor Advised Fund you may not be eligible to receive these benefits. Contact MCM's development team for more information.

Return this form to: Jeff Breisach, Director of Development