



**STRONG FOUNDATION.
BRIGHT FUTURES.**

The Final Phase of the **Play Your Part Campaign**
for the Children's Museum of Eau Claire

Pledge Form

(fillable)



Gift & Pledge Form

Name(s) _____

Address _____

City _____

State _____

Zip _____

Email _____

Phone _____

Gift Information:

I (We) intend to contribute \$ _____ to the **Children's Museum of Eau Claire Foundation**

This gift will be paid as follows:

Single payment

Multiple payments – I will pay the pledge over (**click one**) one / two / three / four / five years as follows:

Monthly

Quarterly

Semi-annually

Annually

Payment beginning: _____ / _____ (Month / Year)

Payment Information:

My check is enclosed payable to: **Children's Museum of Eau Claire Foundation**

Gift of Stock (Please contact us at (715) 563-8469 or mike@childrensmuseumec.com for transfer details)

I will be fulfilling this commitment through a gift/transfer of an asset and will speak to campaign staff about the details (ex: Donation of land/real estate/etc.)

My employer will match my gift: _____
(Name of Employer)

Additional information will be sent to the Children's Museum of Eau Claire

Charge my credit card Visa / MasterCard / Discover / American Express

Name on Card: _____

Card #: _____ Expiration Date: _____ / _____
Month Year

3-digit CSC on back of card: _____

Authorization:

Signature(s): _____ Date: _____

Gift Recognition:

Please publicly recognize this gift from: _____
(as you wish your name(s) to appear)

I/we wish to name: _____

(Note: Refer to list of Naming Opportunities; subject to availability)

Please do not recognize this gift publicly. I (We) wish for the gift to be ANONYMOUS.

This gift is in honor of / in memory of: _____

Mail this form, with payment if applicable, to:

Children's Museum of Eau Claire - 126 N Barstow Street, Eau Claire, WI 54703

For additional information, please contact us at (715) 563-8469 or mike@childrensmuseumec.com