

Your gift supports all Minnesota Children's Museum's educational programming and activities.

Name _____

Address _____

City _____ State _____ Zip _____

Gift Amount

\$1,000 \$500 \$250 \$150 \$75 Other \$ _____

Name as you would like to be recognized in the Annual Report:

Please do not acknowledge this gift publicly.

I want to receive membership benefits (for gifts of \$150 and above).
There are _____ children in our household.

I/we do not want to receive benefits.

Use my gift to provide a membership to a family in need.

Please charge my gift to:

Visa MasterCard Discover American Express

Account # _____ Exp. Date: _____

Signature: _____

Phone: Day () _____ Evening () _____

Please contact me about how I can include Minnesota Children's Museum in my estate plan.