

# YOUR GIFT. THEIR DISCOVERY.

**Yes, I want to support playful learning at Minnesota Children's Museum!**

## CONTACT INFORMATION

Name \_\_\_\_\_  
(as you would like it in any print materials)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

## GIFT AMOUNT

\$50  \$100  \$150  \$250  \$500  \$1,000 Other \$ \_\_\_\_\_  
Complimentary Museum membership for gifts \$150+

I would like my gift to remain anonymous.

## MEMBERSHIP BENEFITS

I want to receive membership benefits (for gifts \$150+). There are \_\_\_\_\_ children in our household.

## PAYMENT INFORMATION

Check enclosed (payable to Minnesota Children's Museum).

Charge my gift to:

VISA  MasterCard  Discover  American Express

Account # \_\_\_\_\_ Exp. \_\_\_\_\_ 3-digit code \_\_\_\_\_

Signature \_\_\_\_\_

My employer will match my gift. I have enclosed a matching gift form.

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

## LEARN MORE ABOUT THE MUSEUM

I would like more information about Minnesota Children's Museum. Please contact me.

by Phone  by Mail  by Email

**Please mail this form to:**

**Minnesota Children's Museum**  
10 West 7th Street  
St. Paul, MN 55104

or fax to: 651-225-6006

**Minnesota Children's Museum**  
Smart Play