

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

## GIFT AMOUNT

\$1,000    \$500    \$250    \$179    \$100    \$50   Other \$ \_\_\_\_\_

Donor membership available starting at \$179+. \$89 is non-tax-deductible.

I would like my gift to remain anonymous.

## CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

## MEMBERSHIP BENEFITS

I want to receive membership benefits (for gifts \$179+). There are \_\_\_\_ (grand)children in our household.

If membership benefit is received, \$89 of the gift is non-tax-deductible.

## PAYMENT INFORMATION

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

Charge my gift to :

VISA    MasterCard    Discover    American Express

Account # \_\_\_\_\_ Exp. \_\_\_\_\_

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*