



# Capital Campaign/Drive to Thrive Giving/Pledge Form

## DONOR INFORMATION

Individual/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**YES**, I / We pledge \$\_\_\_\_\_ to the Children's Museum of Skagit County, payable by installments(s) up to Dec. 31, 2012.

(please check one)

**Start date:** \_\_\_\_\_

One-time Gift

Annually

Quarterly

Monthly

Other: \_\_\_\_\_

Please print your name as you would like it to appear in CMSC campaign publication and donor listings:

\_\_\_\_\_

Check here if you wish for your contribution to remain anonymous.

## Donor Recognition (please check one)

Interactive Donor Wall  
(located outside museum)

Donor Wall  
(located inside museum)

Exhibit Naming Opportunity

Other recognition requested:

\_\_\_\_\_

Name recognition as follows:

\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT OPTIONS:

Checks or money orders may be sent to:

Children's Museum of Skagit County  
550 Cascade Mall Drive  
Burlington, WA 98273

## CREDIT CARD INFORMATION

Visa  MasterCard  American Express Exp. Date: \_\_\_\_\_

Card # \_\_\_\_\_

Signature \_\_\_\_\_

All credit card donations will be processed by the Children's Museum of Skagit County.

If you would like to pledge stock, please call Cate @ 757-8888.

**Matching Gift:** My employer will match my gift. Enclosed is my company's matching gift form.

Employer/Company Name: \_\_\_\_\_

**DONOR SIGNATURE** \_\_\_\_\_

DONOR SIGNATURE (second) \_\_\_\_\_

For more information, Contact: Cate Melcher Anderson, Executive Director  
Telephone: (360) 757-8888 Cell: (360) 770-9746 Email: [Cate@skagitcm.org](mailto:Cate@skagitcm.org)

**Thank You For Your Generous Support**