



DONOR INFORMATION

Name
Address
City State Zip
Phone (Home) (Work) (Cell)
Email Address

LEGACY PROJECT PLEDGE

I/We pledge \$ in support of the Legacy Project.
I/We plan to make my/our contribution in the form of:
Check Charge Stock Property Other
*Special Instructions:

This gift will be matched with \$ from the following company:
(Most companies require that each subsequent pledge payment be accompanied by a matching gift form.)

PAYMENT SCHEDULE

One-time payment
I/We prefer to pay this amount over time (within a three-year period) as follows:
First payment of \$ will be made in of .
Remaining payments to be made on a Monthly Quarterly Yearly
Please send pledge reminders Monthly Quarterly Yearly

CREDIT CARD INFORMATION

Please charge my credit card Monthly Quarterly Yearly
Visa MasterCard
Name on Acct Acct # Exp. date

GIFT RECOGNITION

My/Our names should appear as follows:
This gift should remain anonymous.
This gift is made in memory of
This gift is made in honor of

**Gifts of \$5,000 or more will be recognized on the Legacy Project Donor Wall. Please indicate below how you would like your name listed on the donor wall (Note: Listings are limited to 30 characters each, including punctuation and spacing.)

Thank you for your gift to the Imagine Children's Museum Legacy Project Capital Campaign. ICM is a 501(c)(3) non-profit organization. Donations are tax deductible to the fullest extent allowed by law. We invite you to contact us regarding your questions at 425-258-1006, ext. 1013 or at Info@ImagineCM.org.

Donor Signature Date Donor Signature Date
ICM Representative Signature Date