



Museum Expansion Capital Campaign Commitment Form

For questions or more information, please contact:
Nancy Johnson, Executive Director
(425) 258-1006, Ext. 1013 or NancyJ@ImagineCM.org

DONOR INFORMATION

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

EXPANSION COMMITMENT

I/We pledge \$_____ in support of the Museum Expansion
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:
First payment of \$_____ will be made in _____ of _____
(Month) (Year)
Remaining payments to be made Monthly Quarterly Yearly

CREDIT CARD INFORMATION

Did you know: Donations paid by credit cards incur a 3% fee charged by the credit card processing company. When your donation is paid by cash, check, stock or your bank's bill pay service the Museum receives the full amount.
Full name on credit card _____ Visa Mastercard
Card # _____ Exp. date _____ CVV _____
 Make my gift go further, please add 3% to my total amount to cover credit card processing fees

GIFTING OF SECURITIES
Perkins Coie Trust Company LLC
1201 Third Avenue, Suite 4900
Seattle, WA 98101
(206) 359-8382

DTC INSTRUCTIONS
DTC Participant #0901
Account Number: 285693
Account Name: Perkins Coie Trust Company LLC
For Further Credit: Imagine Children's Museum Acct #000339

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 _____
Special Notes: _____

Thank you for your gift to the Imagine Children's Museum Expansion Capital Campaign. ICM is a 501(c)(3) non-profit organization. Donations are tax deductible to the fullest extent allowed by law.

Donor Signature _____ Date _____ Donor Signature _____ Date _____
ICM Representative Signature _____ Date _____

Please return completed form to:
Nancy Johnson, Imagine Children's Museum, 1502 Wall Street, Everett, WA 98201 or fax to (425) 420-2894