

# GREAT RIVER CHILDREN'S MUSEUM

# GIFT INTENT

## DONOR INFORMATION

Full Name \_\_\_\_\_

Spouse / Partner Full Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Name (If applicable) \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

This Gift/Pledge is made in (circle one) honor of / memory of / tribute to \_\_\_\_\_

## GIFT/PLEDGE INFORMATION

I/We support the Great River Children's Museum with a gift/pledge of \$

GIFT/PLEDGE AMOUNT

### Please accept my/our one-time gift

Enclosed and payable to the  
Great River Children's Museum

Through EFT  
(See Electronic Funds Transfer Information)

Of property in the form of:

Stocks/securities      Real estate

Other \_\_\_\_\_

This pledge supports:

Opening Worlds Capital Campaign

Programming and General Operations

### Pledge

I/We wish to fulfill our gift/pledge via equal annual installments of \$ \_\_\_\_\_ Beginning \_\_\_\_\_  
MM/DD/YYYY

I/We intend to pay this pledge in full by \_\_\_\_\_  
MM/DD/YYYY (Payable within five years)

I/We intend to recommend gifts to the Great River Children's Museum through a third party such as a family foundation, community foundation, donor-advised fund, private business or private corporation, so please consider this a pledge for reminder purposes only.

I/We intend to fulfill all or part of this pledge through our estate plan, and estimate its value for your confidential records at \$ \_\_\_\_\_.

[Fill out if different from above] Please send invoices to: Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

## CONFIRMATION

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

## RECOGNITION

The Great River Children's Museum will recognize donor names and gift ranges, when appropriate. Gift amounts will be recognized via wall graphics and signage inside the museum.

## ELECTRONIC FUNDS TRANSFER INFORMATION

### Bank Account:

Please enclose a voided check to initiate giving from your preferred checking account.

### Authorization:

By signing this form you authorize the museum to make withdrawals from this bank account consistent with the identified payment schedule.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## RETURN COMPLETED FORM BY MAIL TO:

Great River Children's Museum

111 7th Avenue South • St. Cloud MN 56301