



# Pledge Form

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## CONTRIBUTOR INFORMATION (Your personal information is kept confidential)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Cell: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I would prefer that this contribution and/or my name be kept confidential. \_\_\_\_\_

**A ONE-TIME DONATION, IN THE AMOUNT OF:** \$ \_\_\_\_\_

### **A REPEATING DONATION, AS FOLLOWS:**

A sum of \$ \_\_\_\_\_ Once Every Month \_\_\_\_\_ Quarter \_\_\_\_\_ Year \_\_\_\_\_

Amounting to a Total of \$ \_\_\_\_\_

**IN KIND DONATIONS:** \_\_\_\_\_

Please forward completed form to:

Children's Museum of Cheyenne, PO Box 92, Cheyenne, WY 82003.

or email to [childrensmuseumofcheyenne@gmail.com](mailto:childrensmuseumofcheyenne@gmail.com)

- Contributions to Children's Museum of Cheyenne are deemed charitable under section 501(a) of the internal revenue code as an organization described in Section 501(c)(3). U.S. Federal Tax ID 46-3766788.
- There is no minimum contribution amount.