



Gift Confirmation

Thank you for making a charitable gift to the London Children’s Museum. Your donation provides children and their families with extraordinary hands-on learning experiences in a distinctly child-centred environment.

Name and Address	
Name:	
Address:	
City, Prov., Postal:	
Mobile Phone:	Home Phone:
Email:	

My Gift This Year, Supporting Programs, Exhibits and Collections
I/we wish to make a one-time gift in the amount of: \$

My Gift to the New Children’s Museum
I/we wish to pledge a total of \$ _____, payable in <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual installments of \$ _____.

Gift Payment Options
<input type="checkbox"/> Cheque(s) payable to the London Regional Children’s Museum is enclosed
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Name on Card:
Card No: Expiry Date:
<input type="checkbox"/> Gift of Stock/Appreciated Securities to the London Regional Children’s Museum

Recognition
How would you like your name(s) to appear for recognition purposes of this gift:
<input type="checkbox"/> I/we wish to remain anonymous

Signature: _____

Date: _____

Privacy: The London Children’s Museum respects your privacy. Personal information you provide will be updated in our database and used to issue you a tax receipt, as well as provide you information about events, activities and fundraising. You have the right to request your information cease to be used for fundraising purposes. If you have any questions about your gift, please contact us.

Please return this form to:

Christine Walker, Director of Development, Tel: 519-434-5726 ext. 227, christine@londonchildrensmuseum.ca