

Play. Learn. Grow. *Together.*

Gift Confirmation Form

Thank you so much for considering a gift to the London Children's Museum! Your generosity will provide children with immersive exhibits and hands-on programs critical to their well-being.

Donor Information					
Name:					
Mailing Address:					
Phone:	Email (optional):				
I/we wish to donat	e				
One-time	Monthly		Yearly		
In the amount of:	\$55	\$110	\$250	Other - \$	
Payment Details					
Cheque enclose	d, payable to	the " London R	egional Childr	ren's Museum"	
Cash enclosed					
Credit Card No:				Expiry Date:	
Name on Card:				CVV:	
				•	
Recognition					
How would you like	your name(s	s) to appear for	recognition p	urposes:	
I/we wish to ren	nain anonym	ous			
Signature:			Date:		
Privacy: The London Childre	en's Museum resp	ects your privacy. Pei	rsonal information	you provide will be updated in ou	

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.