



Donor Information Form

Thank you for making a gift to the London Children’s Museum. Your donation ensures every child in our community has access to extraordinary hands-on learning experiences.

Name and Address (a charitable tax receipt will be issued for gifts of \$20 or more)						
Title:	Mr.	Mrs.	Mr. & Mrs.	Ms.	Miss	Other:
Donor Name:						
Address:						
City, Province, Postal Code:					Phone:	
Email:						

Gift and Payment Details	
I wish to make a	One Time Monthly Quarterly Yearly gift in the amount of \$ _____
Cheque(s) payable to the London Regional Children’s Museum Visa Mastercard	
Card No:	Expiry Date:
Name on Card:	Signature:
Please send me more information on making a gift of stock/appreciated securities	
Please send me more information on how I can make a legacy/estate/tax planned gift	

Recognition
Preferred name:
I wish to be recognized anonymously

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 Christine Walker, Director of Development.

Please return this form to:
Christine Walker, Director of Development, London Children’s Museum
519-434-5726 ex. 227, christine@londonchildrensmuseum.ca
Charitable Registration Number: 10808 7263 RR0001