

GIFT FORM

YES!

I/We wish to
make a gift of:

\$10,000

\$5,000

\$2,500

\$1,000

\$500

Other

Form of Payment:

Check (made payable to Boston Children's Museum)

Please charge my (check one): MC Visa AMEX Discover

Card Number: _____ Exp. Date: _____

Name On Card: _____ Security Code: _____

Signature: _____

This gift is made: _____ In honor of: _____

In memory of: _____

Send notification to: _____

Donor Listing: _____

Please list your name(s) as you would like it to appear in our \$500+ donor listing.

Mail this form to:

Annual Fund, Boston Children's Museum, 308 Congress Street, Boston, MA 02210

**THANK
YOU!**