



DONOR INFORMATION

Donor name Business name

Home phone Cell phone

Primary email

Address

City State Zip

RECOGNITION LISTING*

☐ Please recognize me as

☐ Prefer to remain anonymous

*Recognition is available for donors whose cumulative giving is \$50 or more in a fiscal year (July 1 – June 30)

GIFT INFORMATION

Name of item Quantity Total value \$

Name of item Quantity Total value \$

Name of item Quantity Total value \$

Total value of all items \$

Use the box below to provide descriptions of items. Use additional pages if more space is required.

STATEMENT OF GIFT

I hereby donate to Madison Children's Museum, as an outright, unconditional, unrestricted, and irrevocable gift, all of my right, title, and interest in and to the items described above, which items I presently own and have clear title to. In doing so, I understand and agree that MCM shall hereafter have full power and authority to manage, display, conserve, dispose of, and otherwise deal with such items in whatever manner it shall, in its sole and absolute discretion, see fit.

Donor signature Date

RETURN COMPLETED FORMS

Mail % Development Team to the address below

Email give@madisonchildrensmuseum.org

OFFICE USE

Date gift received Receiving staff initials Date gift recorded Development staff initials

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