

THANK YOU FOR YOUR SUPPORT!

Please note: Contributions to the Annual Fund go towards the General Operating Fund of The Children's Museum of Cleveland and must be received by December 31st to be credited for the current campaign year.

THE CHILDREN'S MUSEUM OF CLEVELAND'S GIVING LEVELS *(please check one):*

- | | |
|---|---|
| <input type="checkbox"/> Partner (\$10,000+) | <input type="checkbox"/> Buddy (\$100 - \$249) |
| <input type="checkbox"/> Confidante (\$5,000 - \$9,999) | <input type="checkbox"/> Pal (\$75 - \$99) |
| <input type="checkbox"/> Companion (\$1,000 - \$4,999) | <input type="checkbox"/> Playmate (\$50 - \$74) |
| <input type="checkbox"/> Close Friend (\$500 - \$999) | <input type="checkbox"/> Friend (\$25 - \$49) |
| <input type="checkbox"/> Sidekick (\$250 - \$499) | <input type="checkbox"/> Other (\$ _____) |

- My/Our employer has a Matching Gift Program
 A Matching Gift Form is enclosed

THE CHILDREN'S MUSEUM OF CLEVELAND FUND TRIBUTE

In order to _____ honor, _____ celebrate, _____ remember a good friend, loved one or special occasion, I/We would like to make an additional \$ _____ contribution in the name of

_____ for _____

Please send notice of this Tribute to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (optional): _____

DONOR INFORMATION

Amount of total contribution(s): \$ _____ *(Contributions are 100% tax deductible)*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

_____ Check enclosed *(Made payable to The Children's Museum of Cleveland)* or

_____ Please charge to: Visa MasterCard AMEX Discover

Card Number: _____ Exp. Date: ____/____

Name on Card: _____ CVV# _____

Signature: _____

- I/We are interested in learning more about how we can support The Children's Museum.

Please consider including The Children's Museum of Cleveland in your estate planning.