



Kid Approved Children's Discovery Museum Capital Campaign

Contact Information

Date: _____

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Email address: _____ Phone #: _____

Pledge Statement

I/We pledge a total gift of \$ _____ to the Children's Discovery Museum
payable over _____ years/months.

Payment Options

Cheque Annual Semi-Annual Monthly
Cheques to be made payable to: Children's Discovery Museum on the Saskatchewan

Credit Card Annual Semi-Annual Monthly

For all credit card payments, please complete the form on Canada Helps:
<https://www.canadahelps.org/dn/5452>

Note: A donation may also be made to the CDM through a gift of securities. Contact us for more information.

Other: (Please explain) _____

Donation Options

Is this donation in Memory or Tribute? Yes No

In Memory/Tribute Information: _____

The Children's Discovery Museum acknowledges the name of our donors in many of our publications unless you would like to remain anonymous. Yes, I would like to remain anonymous

I agree to receive email communication from the Children's Discovery Museum. Yes No

Please indicate the date you wish your pledge to begin: _____

Signature: _____ Date: _____

Please mail completed pledge forms to:

Children's Discovery Museum on the Saskatchewan
Charitable Organization # 85483 6137 RR0001
Unit 116 Market Mall, 2325 Preston Avenue
Saskatoon, SK, S7J 2G2
Phone: (306) 683-2555