



## Pledge Form

### **Donor Information (please print or type):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Pledge Information:**

I (we) pledge a total of \$ \_\_\_\_\_  Now  Monthly  Quarterly  Yearly

I (we) plan to make this contribution in  Cash  Check  Credit Card  Other

Credit Card Type: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Gifts will be matched by: Company/Family/Foundation

Form Enclosed  Form will be forwarded

### **Acknowledgement Information:**

Please use the following names in all

acknowledgements: \_\_\_\_\_

I (we) wish to remain anonymous in all acknowledgements.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please make all checks payable to: Lander Children's Museum 501(c)(3)  
465 Lincoln Street  
Lander, WY 82515  
307-332-1341

Office Use:  Deposited or ACH Set  Tax Receipt  Update Donation List  Thank You Sent