

## Capital Campaign Pledge Commitment Form

### DONOR INFORMATION

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

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

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

### RECOGNITION OPPORTUNITIES

I would like to make my contribution in (circle one): Memory of | Honor of | Dedicated to  
Name/Entity: \_\_\_\_\_

### DONATIONS

I/We will make a one-time gift of \$ \_\_\_\_\_ (Check by mail or other)

I/We will make a gift as follows: \_\_\_\_\_  
(Cash, Check, Stock, Mutual Funds, Planned Gift, Other\*)

I/We commit the following: Total Amount of Gift: \$ \_\_\_\_\_  
Initial Payment: \$ \_\_\_\_\_  
Balance: \$ \_\_\_\_\_

Payable (circle one): One-time or Over 1 Year 2 Years 3 Years 4 Years 5 Years

Beginning Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (All payments due on the 1<sup>st</sup> of selected month)

Payment Schedule (circle one): Monthly / Quarterly / Semi-Annually / Annually

Enclosed is a payment for: \$ \_\_\_\_\_

Checks payable to: **Children's Museum of Rock County**

Mail to: P.O. 8042, Janesville, WI 53547

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please reach out if there are other ways you would like to give. We ask that all participants complete this form, even if paid in full. All donations are subject to CMRC's variance power (for gift policy visit [kidsatplayrc.com](http://kidsatplayrc.com)).

The Children's Museum of Rock County is a 501(c)(3) tax-exempt organization. No goods or services were provided in exchange for this contribution. Gifts are tax deductible to the extent provided by law. CMRC EIN: 26-1202256

**THANK YOU FOR YOUR GIFT TO THE CHILDREN'S MUSEUM OF ROCK COUNTY**