

Business Name:

Contact Name:

Address:

City:

State:

Zip:

Phone:

E-mail:

☐ Unrestricted

☐ Restricted for:

Amount:

Cash ☐

Credit ☐

Check ☐

Name on card:

Card number:

Expires MM/YY:

CVV:

Signature:

**Corporate
Donation**

Your gift will help:

- Cover admission for children in need.
- Provide family passes.
- Fund extension lessons.
- Sponsor community events.
- Assist with maintenance expenses.



mid-michigan
 **children's
museum**

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Check ☐

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**Personal
Donation**