



## Great Expansion Capital Campaign Donation / Pledge Form (Confidential)

### Donor Information

Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

### Donation/Pledge Information

- I am enclosing a one-time gift in the amount of \$ \_\_\_\_\_.
- I would like to make a pledge. **Pledges may be made over three to five years.**  
 Amount to be paid: Year 1 \$ \_\_\_\_\_ Year 2 \$ \_\_\_\_\_ Year 3 \$ \_\_\_\_\_ Year 4 \$ \_\_\_\_\_ Year 5 \$ \_\_\_\_\_  
 I will begin pledge payments in the month of \_\_\_\_\_, 20 \_\_\_\_\_.

**Naming Opportunity:** I wish to name a designated space in the amount of \$ \_\_\_\_\_.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Mezzanine             | <input type="checkbox"/> Board Room              | <input type="checkbox"/> Park Bench       |
| <input type="checkbox"/> Main Floor Gallery    | <input type="checkbox"/> Collaborative Workspace | <input type="checkbox"/> Street Light     |
| <input type="checkbox"/> Great Stuff Gift Shop | <input type="checkbox"/> Preschool Classroom     | <input type="checkbox"/> Street or Avenue |
| <input type="checkbox"/> Entry Stairs          |  |   |

**Matching Gift:** My employer, \_\_\_\_\_, will match my gift. Enclosed is my company's matching gift form.

**Memorial/Honorary Gift:** I would like my gift to be in memory/honor of: \_\_\_\_\_

**Appreciated Securities:** You can pledge stock, bonds or mutual funds that have been held for more than 12 months. You can receive a tax deduction for full market value on the date of the gift.

- I am interested in pledging appreciated securities to the capital campaign.
- I am interested in customizing a sponsorship for an exhibit or program at Great Explorations. Please contact me at the phone / email (circle one) listed above.

### Payment Information

Checks or money orders can be sent to:  
 Great Explorations Children's Museum  
 1925 4<sup>th</sup> Street North  
 St. Petersburg, Florida 33704

Credit Card Information  
 Visa  Master Card  AmEx  Discover  
 Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_

**Amount Enclosed:** \$ \_\_\_\_\_ **Balance Due:** \$ \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your gift!**