



PLEDGE FORM

I (We) wish to make a donation to the **Magic City Discovery Center**. If this is a one-time donation, just fill in the amount, your name, address, phone number and email. If this is a multi-year pledge, please fill in the appropriate blanks. Thank you for your support!

Name(s) Please Print: _____ will donate

a total of: \$ _____ to the Children's Museum of Minot, Inc. dba Magic City Discovery Center. Children's Museum of Minot is a 501(c)(3) charitable organization. Please write checks to: Children's Museum of Minot, Inc.

_____ This is a one-time donation, or

_____ This is a pledge payable in the following amounts: 2021 _____ 2022 _____ 2023 _____

Donor's Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Please record this donation as being from (only if different from parties listed above):

_____.

_____ I/We wish this pledge to be anonymous.

_____ Please sign me up for the emailed newsletter.

Signature: _____

Date: _____

Signature: _____

Date: _____

Please return this pledge to:

Magic City Discovery Center
PO Box 751
Minot, ND 58702-0751

THANK YOU FOR YOUR GENEROSITY AND SUPPORT OF THE MAGIC CITY DISCOVERY CENTER!