



MISSISSIPPI
CHILDREN'S
MUSEUM

Post Office Box 55409
Jackson, MS 39296
Phone 601.981.5469

Name _____ Address _____

I/we commit to a total gift of \$ _____ to be paid annually over _____ years.

Enclosed is an initial payment of \$ _____

Signature(s) _____ Date _____

Phone Number _____ Email Address _____

You may thank me/us publicly: Yes No

I/we wish to be recognized as _____

Payment Options

- Check Other, Specify _____
- Automatic Withdrawal - *(Please provide routing information form)*
- Stock or Mutual Fund - *Routing info:* _____
- My company, _____ will match gifts to the campaign.

Unless otherwise specified, gifts will be unrestricted. Contributions are tax-deductible to the extent provided by law. The Mississippi Children's Museum is a 501© non-profit organization.

Credit Card Payment

- Master Card Visa

Card No.:

Exp. Date: _____

Billing Zip: _____

Signature: _____

To make an online donation, visit us at www.mcm.ms