



# Donation Form

**Making a tax-deductible contribution to Kidzu is easy! Simply complete this form and mail it to:**

Kidzu Children's Museum  
Attention: Cathy Maris, Executive Director  
105 E. Franklin St.  
Chapel Hill, NC 27514

**YES! I/We would like to make a donation of:**

- \$25       \$50       \$100       \$250       \$500       \$1,000
- Other: \$ \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_\_ (month/day/year)

**Donor(s):**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Check here to be added to Kidzu's e-mail list for information about exhibits, programs and events.

**In Honor of:** If your gift is in honor of a loved one, please indicate their name here:

\_\_\_\_\_

**Form of Payment:**

Cash       Check (Made payable to Kidzu Children's Museum)

Credit card--Provide the following information:

Visa     Mastercard

Card #: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_\_

Cardholder's Name: \_\_\_\_\_

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

**Matching Donation?** Make your donation go further!

Yes, my employer offers matching donations. Employer name: \_\_\_\_\_  
(Please enclose matching form)

**For donations of \$50 or greater: Name(s) you would like to appear on Kidzu's Donor Wall:**

\_\_\_\_\_

*Kidzu Children's Museum is a nonprofit 501(c)(3) organization. Financial information about this organization and a copy of its license are available from the Charitable Solicitation Licensing Section at 1-888-830-4989.*