



## THANK YOU

for your donation to the  
Children's Museum & Theatre of Maine Annual Fund!

*A gift to the Annual Fund helps support the high-quality exhibits, programs and productions that are at the very core of our work and that define the CMTM experience.*

- Ultimate Flyer (\$5,000-\$9,999)       Tree Topper (\$10,000+)
- Dream Spinner (\$2,500-\$4,999)     Cloud Chaser (\$1,000-\$2,499)     Sky Blazer (\$500-\$999)
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Name(s): \_\_\_\_\_

*(Please print name as you wish to be acknowledged and/or listed on donor report. A gift may be made anonymously or in memory of a loved one.)*

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to make a 1x gift which I have enclosed: \$ \_\_\_\_\_

I would like to make a recurring gift of \$ \_\_\_\_\_ for \_\_\_\_\_ months = \$ \_\_\_\_\_

Payment Type:  Check *(Please make checks payable to: Children's Museum & Theatre of Maine)*

MasterCard     Visa     AmEx     Discover

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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

My gift is a tribute to: \_\_\_\_\_

*Please include name/ address information for acknowledgement note.*

My gift is in memory of: \_\_\_\_\_

*Please include name/ address information for acknowledgement note.*

I prefer to pledge \$ \_\_\_\_\_. Please bill me quarterly.

I would like to remain **anonymous**.

My employer is a matching gift company. I have enclosed the complete matching gift form.

Please send me membership information.

I have remembered the Children's Museum & Theatre of Maine in my will.

*For more information about making a gift of appreciated securities or about how to include the Children's Museum & Theatre of Maine in your planned giving, please contact the Development Office at (207) 828-1234 x243.*