



Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

\_\_\_\_\_ I/we pledge \$ \_\_\_\_\_ in support of Kidzeum of Health and Science's **Vital for Our Youth Capital Campaign**.

\_\_\_\_\_ I/we have enclosed a one-time gift toward the **Vital for Our Youth Capital Campaign**.

\_\_\_\_\_ I/we have enclosed an initial gift of \$ \_\_\_\_\_ toward the five-year effort.

**I would like to receive pledge reminders:**

- \_\_\_\_\_ Annually
- \_\_\_\_\_ Semiannually
- \_\_\_\_\_ Monthly
- \_\_\_\_\_ Quarterly

**I will make my pledge using:**

- \_\_\_\_\_ Check/Cash
- \_\_\_\_\_ Life Insurance
- \_\_\_\_\_ Property
- \_\_\_\_\_ Mutual Fund/Stock
- \_\_\_\_\_ Annuity
- \_\_\_\_\_ Automatic Withdrawal \*

**Date of First Pledge/Payment:** \_\_\_\_\_

(\* Account Policy # \_\_\_\_\_)

My company, \_\_\_\_\_, will match my gift to the **Vital for Our Youth Capital Campaign**.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Each gift made at the \$500 gift level will be recognized in the Founders' Foyer.**  
Please recognize my gift as follows:

\_\_\_\_\_

**Please mail completed form and payment (if applicable) to:  
Kidzeum of Health and Science  
P.O. Box 9863  
Springfield, IL 62791**