



Pledge Form

Yes! I believe in providing more scientific learning opportunities for our community and helping the Museum stay relevant for future generations!

Donor information

Name _____

Address _____

City _____

State, ZIP Code _____

Home Phone (_____) _____

Cell Phone (_____) _____

Email _____

Total Amount of Pledge \$ _____

Pledge to be paid as follows

I am supporting this campaign today with a one-time gift

I will contribute \$ _____ annually, quarterly, monthly
(circle one) over the next ____ years

I will make my first contribution on (date) _____

I wish to be reminded of my pledge payment by:

Email Phone Letter

Please bill me:

Annually Monthly Quarterly Other

I wish to pay by:

Check Credit Card Other

My company will match my gift!

Yes No

Public recognition

The Museum may publicly acknowledge this gift as from _____

Please do not recognize this gift publicly. I/we wish to remain anonymous.

This gift is in honor/memory of _____

Please send notification of my honorary/memorial gift to _____

Signature _____

Date _____

Please complete and mail this form to:

Darcie Martin, Delaware Museum of Natural History,
PO Box 3937, Wilmington, DE 19807

Thank you for supporting the *Museum Metamorphosis: Connecting Delaware to our World* Campaign! Please make checks payable to Delaware Museum of Natural History. Gifts are deductible as allowed by law.