



## DONATION FORM

### Donor Information

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

Company Name: \_\_\_\_\_  
(For Corporate Donations Only)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

### Donation Details

Sponsorship Types (select one):

- | <u>Giving Level</u>                        | <u>Sponsorship Recognition Details</u>       |
|--|--|
| <input type="checkbox"/> \$100,000-250,000 | Name or logo on entry gate large donor panel |
| <input type="checkbox"/> \$50,000-75,000   | Name on entry gate small donor panel         |
| <input type="checkbox"/> \$25,000          | Name on sign in Secret Garden                |
| <input type="checkbox"/> \$25,000          | Name on sign in Cistern Garden               |
| <input type="checkbox"/> \$10,000          | Tree – name on donor sign plaque             |
| <input type="checkbox"/> \$5,000           | Bench – name on donor sign plaque            |
| <input type="checkbox"/> \$2,500           | Boulder – personalized engraving             |
| <input type="checkbox"/> \$250             | SmartFlower Plaque                           |
| <input type="checkbox"/> Under \$250       | Other  |

Gift Amount: \$ \_\_\_\_\_

#### Payment method:

- Check (Please make check payable to Children's Discovery Museum of San Jose)
- Credit Card ([Click here](#))
- Pledge (Bill me)
- Via my donor advised fund



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Tax ID Number: 94-2870828