



Donor Commitment Form

Commitment Amount: \$ _____

Innovator (\$10,000+)

Partner (\$1,000 - \$2,499)

Champion (\$5,000 - 9,999)

Sustainer (\$500 - \$999)

Investor (\$2,500 - \$4,999)

Check enclosed, made payable to Kaleideum

Please charge my Mastercard Visa

Name as it appears on the card _____

Card Number _____ Exp. Date _____

Signature _____

Contact Person _____

Company _____

Address _____

City/State/Zip _____

Email Address _____ Phone Number _____

Please return to:

Elizabeth Marsh, Vice President of Philanthropy
Kaleideum North
400 W. Hanes Mill Road
Winston-Salem, NC 27105

Phone: (336) 723-9111, ext 204 • Fax: (336) 723-9461
Email: emarsh@childrensmuseumofws.org

Kaleideum is a 501-C-3 organization. Tax ID: 56-0815746