



PLEDGE & DONATION FORM

Donor(s) Name: [ ]
Address: [ ]
City: [ ] State: [ ] Zip: [ ]
Phone: [ ] Email: [ ]

GIFT AGREEMENT

This Agreement is made this [ ] day of [ ], 202\_\_, by and between [ ] (Donor) and the Children's Museum of Northern Colorado Board (Board). The donor is pleased to make a pledge to the CMNC in the amount of [ ] over [ ] years as outlined in the contribution schedule below. The Children's Museum of Northern Colorado and the Board desire to accept such Gift, subject to the terms and conditions set forth in this Agreement.

Donor Name: \_\_\_\_\_ Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Executive Director: \_\_\_\_\_ Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: [ ] Payment Date: [ ]
Amount: [ ] Payment Date: [ ]
Amount: [ ] Payment Date: [ ]
Amount: [ ] Payment Date: [ ]
Amount: [ ] Payment Date: [ ]

The Children's Museum of Northern Colorado will provide a reminder for each of these payments one month before the agreed-upon payment dates.

Please Initial This Page:

Donor(s): \_\_\_\_\_
CMNC Executive Director: \_\_\_\_\_

**NAMING AGREEMENT (if applicable)**

It is agreed upon that this Gift and pledge combination is intended to name  as  
the .

Subject to the terms of this Agreement, the Naming of physical buildings and permanent structures will last for their useful life or as long as they are owned by the Children’s Museum of Northern Colorado. If this Naming is of an exhibit area or gallery that is to be retired or replaced, a) the naming is ceased and b) the donor (if available) and the Board will have the right to mutually name another element of the museum for no additional costs after the Donor.

Donor Name: \_\_\_\_\_ Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In Memoriam: The donation is given in memoriam and recognition of: \_\_\_\_\_.

Alternative Use:  I/We understand that if at any point the intent of the gift is rendered unlawful, impractical, impossible to achieve or wasteful, or should unforeseen future circumstances arise that prevent the gift’s use, the Board will work with the Donor or his/her designee to identify an alternate use, adhering as closely as possible to the gift’s original intent. In the event that alternate use is not acceptable to the Donor or his/her designee, the Board shall return the donation, at its face value, to the Donor

Administration:  I/We understand that if at any time the Board determines that the Donor’s activities reflect negatively on the Children’s Museum of Northern Colorado’s public image, or are in material conflict with the mission, the Board may terminate this Agreement. In the event that the Children’s Museum of Northern Colorado elects to terminate this Agreement, the Board will return the donation, at it’s face value, to the donor.

Agreement:  I/We understand that this Agreement will be binding as interpreted by the laws of the State of Colorado.

Payment Method:  Check (please make checks payable to CMNC)  
 Electronic Funds Transfer (ETF) (CMNC will provide instructions)  
 Credit/Debit card charge (CMNC will provide card authorization form)  
 One time  
 Monthly on the \_\_\_\_\_ day of the month  
 Transfer of stock (CMNC will provide transfer instructions)

Publicity:  I/We authorize CMNC to announce and make public my/our gift to acknowledge and show its appreciation for my/our generous contribution.  
 I/We request that my/our gift be kept anonymous.

Agreement:  I/We understand that this Agreement will be binding as interpreted by the laws of the State of Colorado

**Additional Gift Description, Images, Photos, Etc.**

**Accepted and Agreed To:**

Donor Signature:  Date:

CMNC Exec. Dir.:  Date: