



Founding Supporter Pledge Form

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I/we contribute a pledge of \$ _____ to the Grand Haven Children's Museum, as part of its *Founding 50* Campaign.

Name (as you would like recognized):

Address:

Email:

Phone:

Signature:

_____ Date: _____

Please mail all donations to:

Grand Haven Children's Museum
PO Box 572
Grand Haven, MI 49417

*We are also able to accept donations via ACH and through our Grand Haven Children's Museum Community Service Fund held at the Grand Haven Area Community Foundation. Please email for details.

The Grand Haven Children's Museum is a 501(c)(3) non-profit organization.

Sign up to receive updates!



If your donation is from an organization, please email your high-quality logo to Rachel@GrandHavenChildrensMuseum.org.