



CONTACT INFORMATION

Donor Name(s):			
Organization (if applicable):			
Address:	dress: City, State, & Zip:		
Phone Number :	Email:		
This Building Gift Agreement is made between [donor(s)] and Grand Forks Children's Museum Inc.			
	e Grand Forks Children's		sum of \$ of the Grand Forks Children's Museum.
described hereafter in the event of a due on or b due on or b.	f an agreed payment sch pefore pefore efore	nedule: d e f	or as may be further due on or before due on or before due on or before
BINDING OBLIGATION The donor(s) intend this pledge to not been satisfied by gifts complete DONOR RECOGNITION	•		ate to the extent that the obligation has nt.
	recognized upon the es	tablishment o	f this gift and asked to be recognized as
is subject to the laws of North Dakota	i. This Gift Agreement may	be amended o	ct to the subject matter of this agreement and nly in writing and if signed by both parties. aming rights are available and agreed upon.
Signature:			Date:
Signature:			Date:
Center for Exploration Representa	ative Signature:		Date:



Federal Tax ID: #87-0865807 | The Grand Forks Children's Museum Inc. is a recognized 501(c)(3) nonprofit and all gifts to the Grand Forks Children's Museum are tax deductible to the extent provided by law. Please consult your tax advisor.