

Letter of intent

BUILDING GIFT AGREEMENT



CONTACT INFORMATION

Donor Name(s): _____

Organization (if applicable): _____

Address: _____ City, State, & Zip: _____

Phone Number : _____ Email: _____

This Building Gift Agreement is made between

_____ **[donor(s)] and Grand Forks Children's Museum Inc.**

DONOR COMMITMENT & PURPOSE

The donor(s) hereby pledge to the Grand Forks Children's Museum the sum of \$ _____.
It is understood and agreed that the gift will be used for the construction of the Grand Forks Children's Museum.

PAYMENT

It is understood and agreed that the gift will be paid in full on or before _____ or as may be further described hereafter in the event of an agreed payment schedule:

- | | |
|---------------------------------|---------------------------------|
| a. _____ due on or before _____ | d. _____ due on or before _____ |
| b. _____ due on or before _____ | e. _____ due on or before _____ |
| c. _____ due on or before _____ | f. _____ due on or before _____ |

SPECIAL REQUEST: _____

BINDING OBLIGATION

The donor(s) intend this pledge to be fully enforceable against their estate to the extent that the obligation has not been satisfied by gifts completed following the date of this agreement.

DONOR RECOGNITION

The donor(s) agree to be publicity recognized upon the establishment of this gift and asked to be recognized as _____.

GIFT AGREEMENT

This Gift Agreement contains the entire understanding of the parties with respect to the subject matter of this agreement and is subject to the laws of North Dakota. This Gift Agreement may be amended only in writing and if signed by both parties. A Naming Agreement shall be signed in addition to this Gift Agreement when Naming rights are available and agreed upon.

Signature: _____ Date: _____

Signature: _____ Date: _____

Center for Exploration Representative 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.*

P.O. Box 5126, Grand Forks, ND 58206 | GFChildrensMuseum.com



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CONTACT INFORMATION

Additional Donor Name: _____

Additional Donor Email: _____

Additional Donor Phone: _____

Preferred Salutation: _____

NOTES

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