



Yes! I want to help provide children and families with the gift of experiencing the Children's Museum Easton!

Name _____

Address _____

City _____ State _____ ZIP _____

Email _____

Phone _____

Enclosed is my gift of:

\$25 \$50 \$100 \$200 Other \$ _____

My company will match this gift. Enclosed is a matching gift form.

Please make checks payable to
Children's Museum Easton, and mail to:

CME - Development
PO Box 417
North Easton, MA 02356

Thank you for your support! Please contact Karen Frick,
Director of Operations & Visitor Services, at
Karen@cmeaston.org
with any questions.

*The Children's Museum Easton is a 501(c)3 nonprofit
organization. Our tax-id number is 04-2931832.*

Thank You!