



Partner Membership Form

Your Organizational Information (please print or type)

Company Name _____

Contact _____

City, ST, Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Membership Level

- Partner in Discovery - \$250
- Partner in Discovery - \$500
- Discovery Leadership - \$1,000
- Discovery Leadership - \$2,500
- Discovery Leadership - \$5,000
- Discovery Leadership - \$10,000 or more

Payment

I (we) plan to make this contribution in the form of: cash check credit card other.

I (we) would like to pay this contribution on a payment pledge plan (available for levels of \$2,500 and up):

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Please make checks or other gifts payable to:

Santa Cruz Children's Museum of Discovery
1855 41st Avenue, Suite C10
Capitola, CA 95010

Acknowledgement Information

Please use the following name(s) in all recognition and acknowledgements:

We will contact you for logos and other materials, if applicable, once your membership is processed.
SCCMOD is a registered 501(c)(3) organization. All donations are tax deductible as allowed by IRS guidelines. Federal tax ID number is 46-1699711.