



CHILDREN'S
MUSEUM
Fond du Lac

Donation Request

Organization Name _____

Organization Address _____

Street Address

City

State

Zip

Contact Name _____

Contact Phone _____

Contact Email _____

Today's Date: _____

Amount Requested: _____

Date Needed: _____

Purpose: _____

For office use only:

Date request received _____

Approved: Yes No If yes, amount awarded: _____

Date Notified _____

Executive Director Signature _____

**Please return the form to: Children's Museum of Fond du Lac
51 Sheboygan Street
Fond du Lac, WI 54935**

Or Fax: 920-929-0707