Donation Form

In Memory/ Tribute of: ____________________________________________

Name __________________________________________________________

Address ______________________________________________________________________________________

City __________________________ State __________ Zip _______________________

Phone Number ____________________________

Email ______________________________________________________________________________________

Amount of Donation ______________________ Check # ______________________

Please circle type of donation Memorial Tribute

Honoree/ Memorial Name __________________________________________________________________________

In order for CMS to notify the family or honoree of your gift

Address ______________________________________________________________________________________

City __________________________ State __________ Zip _______________________

Thank you for donating to the Children’s Museum Shoals, your gift allows us to better serve, educate, and entertain the residents of this region, to preserve our region’s rich and cultural heritage.

To submit this form, you may drop it off in person or mail it to:

Children’s Museum Shoals 2810 Darby Drive
Florence, AL 35630