

*Yes! I would like to support the  
Children's Museum at La Habra and  
make a difference in the  
lives of children!*

*Please accept my gift of:*

\$50   \$75   \$100   \$250

\$500   \$1000   Other \$ \_\_\_\_\_

*Yes! I would like to give this gift in  
honor of:*

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(Please print clearly so that we may list the child's name correctly.)

*Who would you like us to notify of your gift?*

(Name & Address please)

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*Enclosed is my check payable to  
the Friends of the Children's Museum  
for \$ \_\_\_\_\_*

Please charge my:    Visa    Mastercard

Amount \$ \_\_\_\_\_

Card # \_\_\_\_\_

CVV# (3 digit number on back of card) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

*Please mail to:  
Children's Museum at La Habra  
301 South Euclid Street  
La Habra, CA 90631  
Attn: Winter Campaign*