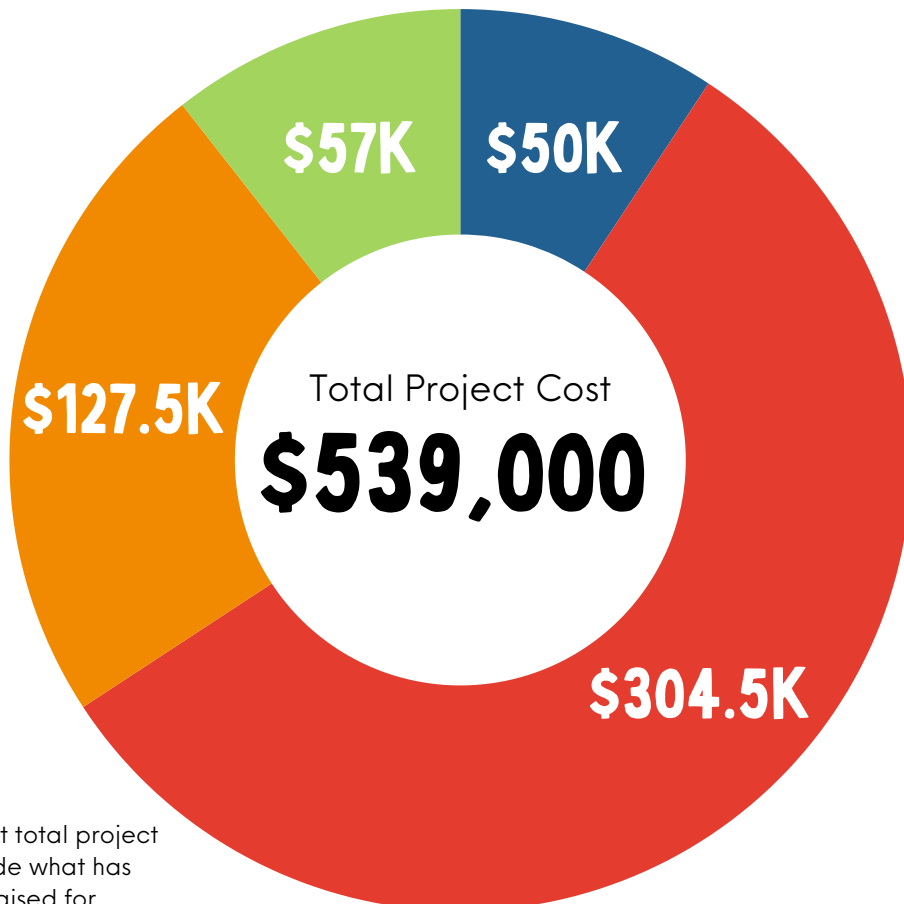




Thank you for supporting the campaign to build a learning and play space in the Museum's courtyard! Your support will help create a playground and courtyard area that will be accessible for all children. Play is one of the best ways for children to connect and learn together; your support ensures opportunities to play are available for all.

ELEMENTS TO FUND

- Access & Equity Funds
- Structural Elements
- Play Elements
- Garden Elements

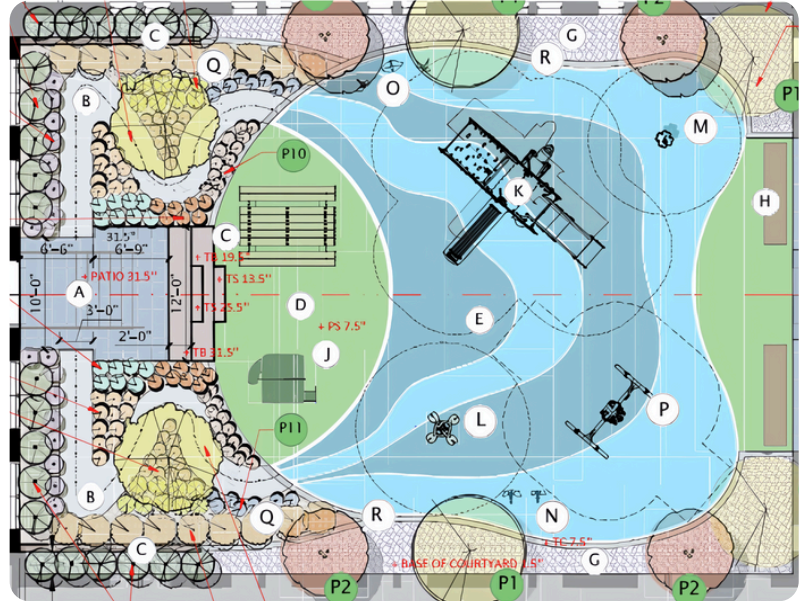


*These numbers represent total project costs and do not include what has already been fundraised for.

CURRENT COURTYARD NAMING OPPORTUNITIES

PLAY ELEMENTS

Spica -----	\$7,500
Slide -----	\$10,000
Corkscrew -----	\$10,000
Play Cottage -----	\$12,500



GARDEN ELEMENTS

Inner garden x2 -----	\$2,500 each
Border Garden x2 -----	\$5,000 each
Green Picnic Area -----	\$5,000
Playground Border Planting	
x2- -----	\$5,000 each
Trees x10 -----	\$2,500 each



STRUCTURAL ELEMENTS

Weathervane -----	\$1,000
Picnic Table -----	\$1,500
Bench x2 -----	\$2,500 each
Retaining Walls & Seating Area -----	\$10,000
Sensory trail x2 -----	\$25,000 each
Arcade Upgrades -----	\$37,000
Performance Patio -----	\$75,000
Name the Playground --	\$100,000



These are the current available options for funding as of: January 29, 2025

THE CHILDREN'S
MUSEUM
 AT SARATOGA

THANK YOU FOR YOUR SUPPORT

Please fill out the form digitally
and donate through this QR code.



OR

Please complete the form below and mail to:

The Children's Museum at Saratoga
65 S Broadway, Suite 105
Saratoga Springs, NY 12866

Donation Amount: \$ _____

This gift is in honor/memory of: _____

Please select the option you prefer for this donation:

- Check Enclosed
- Credit Card (please complete the section below)
- Please send me an invoice
- I wish to pledge this amount over: 1, 2, 3, 4, 5 years (please circle your desired time frame)
- I wish to discuss gifts of Annuity or Stock.

Donor Name: _____

How you wish to be recognized (if different than above):

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

Donor Signature: _____

Credit Card #: _____

Card Type: _____ Visa _____ MC _____ AMEX CVV: _____

(If billing information is different than above):

Address: _____

City: _____ State: _____ Zip: _____