

Foundation Membership Form

*The aims of the Gallery can be realised only with strong community involvement.
Your participation would make a significant contribution towards achieving these aims.*

Name: _____

Address: _____

_____ Postcode: _____

Telephone: Business _____ Private _____

Facsimile: Business _____ Private _____

E-mai: _____

Signature: _____ Date: _____

I wish to support the Art Gallery of Western Australia Foundation by contributing at the following level:

- Member *not less than \$5,000*
- Fellow *not less than \$15,000*
- Benefactor *not less than \$50,000*
- Governor *not less than \$100,000*
- Vice Patron *not less than \$500,000*
- Patron *not less than \$1,000,000*

Contributions may be made over a period of up to five years.

My contribution will be made in the following manner:

One payment of \$ _____ in full by _____

OR Annual Payment of \$ _____

Number of Payments _____

Total \$ _____

Beginning _____

Cheques should be made payable to the Art Gallery of Western Australia Foundation

OR If you prefer to pay by credit card:

Please charge \$ _____

Visa Mastercard Bankcard

Card No. ____/____/____/____ Expiry date: ____/____

Name on Card: _____

Signature _____ Date ____/____/____

Please acknowledge my contribution in the name(s) of:
