Maritime Museum Foundation

DONATION FORM

--------- PERSONAL DETAILS ----------

Name _____

Address _____

_____

Email _____ Phone _____

--------- DONATION DETAILS ----------

I would like to make a donation of $_____ to the Maritime Museum Foundation

Please acknowledge my gift in the name/s of _____

☐ I would like my donation to be anonymous

--------- PAYMENT DETAILS ----------

☐ I enclose a cheque made payable to The Maritime Museum Foundation

☐ I have made an electronic funds transfer. Account Name: The Maritime Museum Foundation; Account Number: 12-3209-0350718-00

☐ Please debit the amount of $_____ from my ☐ VISA ☐ Mastercard

Card number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ .

Expiry ☐☐ / ☐☐ Cardholder's Name _____

CVV ☐☐☐ Cardholder's Signature _____

Return this form via: POST to Maritime Museum Foundation, PO Box 89-189, Torbay, Auckland 0742

SCAN & EMAIL to caroline.nelson@maritimemuseum.co.nz or fill the form in without printing and email back to caroline.nelson@maritimemuseum.co.nz

Alternatively, phone your gift through to Caroline Nelson on +64 21 244 1299

THANK YOU! All donations over $5 entitle you to a tax rebate. CC 10423