



SGCNZ

**Shakespeare Globe
Centre New Zealand**

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www.sgcnz.org.nz
CC23945

Chair
Bill Sheat CNZM OBE

Chief Executive
SGCNZ Trustee,
& Member Shakespeare
Globe Council, London
Dawn Sanders ONZM QSM
M: 027 283 6016
E: Action-Sanders@xtra.co.nz

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Paul Atkins
Janice Campbell QSO
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Colin Martin
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The Right Honourable
Sir Jerry Mateparae
GNZM QSO, Governor-
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Dr Ida Gaskin CNZM
Raymond Boyce MBE
Hon LitD. Arts Icon

SGCNZ PAYROLL GIVING FORM

I _____ (full name) wish to become a **Payroll Giving** donor to Shakespeare Globe
Centre New Zealand.

Address: _____

City/Town: _____ Postcode _____

Telephone : _____ Mobile: _____

Email : _____

Please indicate the frequency:

- Weekly \$ _____
- Fortnightly \$ _____
- Monthly \$ _____

For setting up an Automatic Payment, our account details are:

Internet banking: Account no: 11-7234-0200971-11
Account name: Shakespeare Globe Centre New Zealand
Ref Code: PayrollGive _____ [your name]

Please post or scan and e-mail this form to:

SGCNZ, PO Box 17 215, Wellington 6147 or E: Action-Sanders@xtra.co.nz

A Charities Commission endorsed receipt will be issued annually. Please write alternative postal details below if necessary

Receipt to: (if different from above) _____

Please state if and how you would like your role as a Payroll Giving donor to be recognised publicly:

- As a Payroll Giving donor in our magazine *Accent on Shakespeare* and in programmes _____ (name)
- As 'Anon'

Shakespeare Globe Centre NZ is hugely grateful for this generous gift, which will make a difference to the lives of the many people with whom SGCNZ interacts annually.

Signed

Date

SGCNZ Administrative Assistant Kirsty Bruce Finance Administrators Helen & Brian Barrett Accent on Shakespeare Editor Lynn Peck

Shakespeare Globe Centre New Zealand is a life skills enhancing organisation. Through its artistic and educational vision, SGCNZ works closely with Shakespeare's Globe, London to further the understanding of Shakespeare and his contemporaries nationally and internationally.



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Hon LitD. Arts Icon

Witnessed by: _____
Signature

Name

Date

Occupation

Address

Address

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