



**Shakespeare Globe
Centre New Zealand**
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SGCNZ 1000 CLUB FORM

I/We _____ (full name/s) wish to become a **1000 Club Member/s** of
Shakespeare Globe Centre New Zealand.

Address: _____

City/Town: _____ Postcode _____

Telephone : _____ Mobile: _____

Email : _____

Please indicate the frequency:

- | | | |
|--------------------------|-----------------|----------|
| <input type="checkbox"/> | Weekly | \$ _____ |
| <input type="checkbox"/> | Fortnightly | \$ _____ |
| <input type="checkbox"/> | Monthly | \$ _____ |
| <input type="checkbox"/> | 6-monthly | \$ _____ |
| <input type="checkbox"/> | Annually | \$ _____ |
| <input type="checkbox"/> | One-off Payment | \$ _____ |

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: 1000Club _____ [your name]

If paying by cheque, please make it payable to: Shakespeare Globe Centre New Zealand (or SGCNZ)

Please scan and e-mail or post this form (with cheque if applicable) to:

SGCNZ, PO Box 17 215, Wellington 6147 or E: sgcnz.dawn@gmail.com

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 **1000 Club Member** to be recognised publicly:

- As a **1000 Club Member** 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