



**Shakespeare Globe
Centre New Zealand**
Postal: PO Box 17-215,
Wellington 6147, New Zealand
Physical: Level 1, Toi Poneke:
Wellington Arts Centre
65-69 Abel Smith Street
Wellington 6011
T +64 4 384 1300/476 8369
F +64 4 384 1301/476 8754
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: sgcnz.dawn@gmail.com

Board
Shane Bartle
Johan Barton
Janice Campbell QSO
Keith Hales
Colin Macintosh QSO
Neil Strom
Vivienne Thomson
Prof Stuart Young
Associate:
Neil Constable

Patrons
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Her Excellency
The Right Honourable
Dame Patsy Reddy,
GNZM, QSO, Governor-
General of New Zealand

Raymond Boyce MBE
Hon LitD, Arts Icon;
Ray Henwood ONZM

SGCNZ BEQUEST FORM

I _____ (full name) wish to make a Bequest to Shakespeare Globe Centre New Zealand.

Address: _____

City/Town: _____ Postcode _____

Telephone : _____ Mobile: _____

Email : _____

Please indicate whether this is in the form of:

- Living Giving - one-off payment \$ _____
- Living Giving - regular payments - Frequency _____ @ \$ _____
- Bequeath when deceased - one-off payment \$ _____

If a cheque, please make payable to Shakespeare Globe Centre New Zealand

Internet banking: Account no: 11-7234-0200971-11
Account name: Shakespeare Globe Centre New Zealand

Please post this form and cheque (if applicable) to:
SGCNZ, PO Box 17 215, Wellington 6147

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

Receipt to: (if different from above) _____

Please state if and how you would like your Bequest to be recognised publicly:

- As a Bequest donor in our magazine *Accent on Shakespeare* - _____ (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.

Signed

Date



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Witnessed by: _____
Signature

Name

Date

Occupation

Address

Address