

PERSONAL DETAILS

Title _____ First name _____

Surname _____

Address _____

Phone _____ Email _____

I WOULD LIKE TO MAKE A DONATION TO:

Creative Learning
ProgramNERAM Building
Improvements

NERAM Foundation

NERAM Cultural
Program

DONATION AMOUNT IN 2025:

\$50 \$100 \$250 \$500 \$2000 Other:

DONATION AMOUNT IN 2026:

\$50 \$100 \$250 \$500 \$2000 Other:

DONATION AMOUNT IN 2027:

\$50 \$100 \$250 \$500 \$2000 Other:

PAYMENT DETAILS

Cheque

Visa

Mastercard

Direct Deposit: Reference: your name
BSB 932 000 Account No 704 793 (and email/post form back)

Card number _____ CCV _____

Expiry _____ Name _____

Please make cheques payable to New England Regional Art Museum

HOW TO RETURN THIS FORM

Post: NERAM 2025 Appeal, PO Box 508, Armidale NSW 2350 • Email: office@neram.com.au

A separate tax deductible receipt will be issued for your donation

Please let us know if you wish to be contacted with further information about these programs

I am interested in **Adopting-an-Artwork**I am interested in leaving a **Bequest** to NERAMI am interested in **Sponsoring** a NERAM activity through my business