

## PERSONAL DETAILS

Title \_\_\_\_\_ First name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## I WOULD LIKE TO MAKE A DONATION TO:

**Creative and cultural  
experiences**

**Building renewal  
and future growth**

**Arts education, health  
and wellbeing programs**

**NERAM Foundation**

## DONATION AMOUNT IN 2026:

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

## DONATION AMOUNT IN 2027:

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

## DONATION AMOUNT IN 2028:

\$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 2026 Appeal, PO Box 508, Armidale NSW 2350 • Email: [office@neram.com.au](mailto: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 NERAM

I am interested in **Sponsoring** a NERAM activity through my business