

DONATION REPLY FORM

I WISH TO BECOME A

Life Benefactor

Benefactor

Principal Donor

Donor

Supporter

WITH A DONATION OF

a single gift of \$

an annual gift of \$ for years (eg. a yearly gift of \$5,000 for 5 years)

PLEASE RECORD ANY ADDITIONAL DETAILS OF YOUR GIFT HERE

MY PAYMENT METHOD

Electronic funds transfer (Heide Foundation, BSB 085-004, Account 55895-1609)

Cheque payment (payable to Heide Museum of Modern Art)

Credit card (circle) Visa M/C Amex D/C

Please charge \$

Cardholder

Card number

Card expiry date

Signature

I would like to add the cost of merchant fees to my total donation (Heide to advise of cost)

PLEASE TAKE INTO CONSIDERATION MY INTEREST IN THE AREA NOMINATED BELOW

Discretionary

Cultural Programs

Architecture

Gardens

Collection

Heide's 2010 Endowment