



**THE CATHOLIC
FOUNDATION**

OF THE ARCHDIOCESE OF WELLINGTON

Catholic Centre
22 – 30 Hill Street, Thorndon
PO Box 1937, Wellington
Phone: 04 496 1721

admin@catholicfoundation.org.nz
www.catholicfoundation.org.nz

APPLICATION FOR MEMBERSHIP

I/We hereby apply for membership of the Foundation

Membership of the Foundation is a minimum gift of \$5,000

1. I/We intend gifting \$ per year for years to a total of \$

2. first payment enclosed **OR** will be paid on /..... / (please delete one)

OR

3. I/We enclose my cheque for \$ representing total gift in full.

OR

3. I/We intend making a Bequest of \$ and undertake to authorise this bequest in my Will **and provide the Catholic Foundation with evidence**

OR

NAME (Block letters please)

ADDRESS

.....

.....

Signature Date

Please make cheques payable to The Catholic Foundation of the Archdiocese of Wellington

An Automatic Payment authority form for your Bank is available on request.