



**THE CATHOLIC
FOUNDATION**

OF THE ARCHDIOCESE OF WELLINGTON

Catholic Centre
22 – 30 Hill Street, Thorndon
PO Box 1937, Wellington
Phone: 04 496 1721
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www.catholicfoundation.org.nz

APPLICATION FOR MEMBERSHIP

I/We hereby apply for membership of the Foundation as a —

SENIOR TRUSTEE / TRUSTEE / FELLOW / MEMBER *(please delete three)*

on the understanding that any intention expressed below is not binding and may be altered or varied at any time should I/We so desire:-

1. I/We intend gifting \$_____ per year for _____ years to a total of \$_____ first payment enclosed OR will be paid on ___/___/___ *(please delete one)*

OR

2. I/We enclose 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.

OR

4. Other *(please give details)*

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.**