

# Your gifting



Please complete this form, collate your page and fold so the mailing address is facing outwards, seal with tape where indicated, and freepost to the address shown.

## CONTACT DETAILS

Title: \_\_\_\_\_

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

City: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

## What is your area of interest?

- Exhibitions, Collections & Preservation
- Bequests (further information will be sent)
- Learning & Research
- Renewal & Property

Your gift will be applied as per the determination of the Foundation Trustees

.....

## GIFTING - please select one

- A nominated amount of:**  
\$..... paid in full
- Foundation & Friends Package** \$200 paid in full
- Foundation Stone Partner** \$7,500 paid in full
- Foundation Stone Partner** \$2,500 annually for 3 years
- Keystone Partner** \$15,000 paid in full
- Keystone Partner** \$5,000 annually for 3 years
- Cornerstone Partner** \$25,000 paid in full
- Cornerstone Partner** \$8,334 annually for 3 years
- Lodestone Partner** \$50,000 paid in full
- Lodestone Partner** \$16,667 annually for 3 years
- Associate Circle** \$100,000 paid in full
- Associate Circle** \$20,000 annually for 5 years
- Benefactor Circle** \$250,000 paid in full
- Benefactor Circle** \$50,000 annually for 5 years
- Leader Circle** \$500,000 paid in full
- Leader Circle** \$100,000 annually for 5 years
- Guardian Circle** \$1 million paid in full
- Guardian Circle** \$200,000 annually for 5 years
- Philanthropist Circle** \$5 million paid in full
- Philanthropist Circle** \$1 million annually for 5 years

**GIFTING OPTIONS**

**Online banking/Bank transfer**

Payment Reference to use: Surname & Partner/Circle level

Account name: Te Papa Foundation  
Account number: 03 0502 0354829 00  
Bank Name: Westpac  
Address: 318 Lambton Quay  
P O Box 1298  
Wellington 6140  
New Zealand  
Telephone: 00 64 800 400600  
Fax: 00 64 4 4981786  
Swift code: WPACNZ2W

**Credit Card**

Please complete all fields to enable us to correctly debit your card

Visa  MasterCard      TRANSACTIONS IN NZD\$

Card Number

Expiry      CVV FOUND ON SIGNATURE PANEL

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Cheque**

Payable to: Te Papa Foundation

Should you not wish your name to be published in any Foundation information please indicate:

I/We wish my/our gift to remain anonymous

**Foundation & Friends Package** - This option provides for an initial tax deductible donation of \$200 to the Foundation. Additionally we will forward your details to the Friends of Te Papa who will facilitate your \$50 subscription (visit [www.friendsoftepapa.org.nz](http://www.friendsoftepapa.org.nz) for listed benefits).

**Privacy Statement** - to view the Te Papa Foundation privacy statement please visit: [www.tepapa.govt.nz/support-join/te-papa-foundation](http://www.tepapa.govt.nz/support-join/te-papa-foundation)

**Tax benefits** - An individual can claim a tax credit for income tax purposes for cash donations of \$5 or more made to the Te Papa Foundation. The overall maximum tax credit allowable is a sum equal to a third of the aggregate of all donations made by the individual, up to their annual taxable income.

**Information request**

I/We would like to visit Te Papa and discuss our support of the Foundation

I/We request a Foundation representative phone to discuss our support

**To contact:**

Head of Foundation

**E:** [HeadofFoundation@tepapafoundation.org.nz](mailto:HeadofFoundation@tepapafoundation.org.nz)

**Ph:** 04 3817198

TAPE HERE



TAPE HERE



FreePost Authority Number: 121326



Te Papa Foundation  
P O Box 467  
WELLINGTON 6011  
Attn: Head of Foundation



# Gifting form

Use this form to notify the Foundation of your gifting wishes.

Once you have completed this form, simply collate, fold over with the Freepost address panel facing outwards, seal with tape where marked and return.

