



New England Regional Art Museum

**Please send to:**  
Sponsorship Application  
New England Regional Art Museum  
PO Box 508  
Armidale. NSW, 2350

**SPONSORSHIP APPLICATION**

Name of Organisation: \_\_\_\_\_

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

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

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

Telephone: \_\_\_\_\_

**If the Sponsorship is to on behalf of an individual, please fill in the following:**

Individual's name: \_\_\_\_\_

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

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

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

Name to appear on Certificate/Sponsorship Board:

\_\_\_\_\_

Send Sponsorship Package directly to the Organisation

Send Sponsorship Package to me

Total amount \$ \_\_\_\_\_

Cash

Cheque

Credit Card

**My cheque in the amount of \$ \_\_\_\_\_ enclosed, made payable to New England Regional Art Museum.**

Please charge \$ \_\_\_\_\_ to my

Visa

MasterCard

Bankcard

Card No . \_\_\_\_\_

Expiry date:        /        /

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