



Xchanges Gallery
 2333 Government Street
 250.382.0442
 www.xchangesgallery.org

Membership and Donation Form

Associate ___\$40., Studio ___\$200.

Yes, I would like to make a monthly donation of:
 ___\$50. ___\$75. ___\$100. ___\$_____

Yes, I would like to make a one time donation of:
 ___\$50. ___\$100. ___\$150. ___\$200. ___\$_____

I would like to volunteer for:

My cheque is enclosed payable to:
Xchanges Artist' Gallery & Studio Society
 Signature _____

Thank you for your support

Name _____

Address _____

City/ Prov. _____

Postal Code _____

Email _____

Phone _____

E-transfer: Xchanges2017@gmail.com to Coast Capital Savings
 Donations to Xchanges Artist' Gallery & Studio Society will receive a charitable
 tax receipt.



Xchanges Gallery
 2333 Government Street
 250.382.0442
 www.xchangesgallery.org

Membership and Donation Form

Associate ___\$40. Studio ___\$200.

Yes, I would like to make a monthly donation
 of: ___\$50. ___\$75. ___\$100 ___\$_____

Yes, I would like to make a one time donation of:
 ___\$50. ___\$100. ___\$150. ___\$200. ___\$_____

I would like to volunteer for:

My cheque is enclosed payable to:
Xchanges Artist' Gallery & Studio Society
 Signature _____

Thank you for your support

Name _____

Address _____

City/Prov. _____

Postal code _____

Email _____

Phone _____

E-transfer: Xchanges2017@gmail.com to Coast Capital Savings
 Donations to Xchanges Artist' Gallery & Studio Society will receive a charitable
 tax receipt.