



# We need your help!

There is a fundamental problem with the term 'gifted' - it can imply that an individual already has certain abilities or 'gifts' that provide an advantage or head-start over everyone else. If you are gifted or have known a gifted child, you will have experienced first-hand the reality that giftedness can often be a complex, difficult and sometimes soul-destroying landscape to navigate without the proper support and understanding from teachers, parents/caregivers and peers.

Since our inception in the 1990s, more than 5000 children have benefitted from specialised gifted education. We think this number is great but we know we can do better. We want to make gifted education accessible to more kids, from every socio-economic group, from Cape Reinga all the way down to Stewart Island. We would love to have the funding to do this independently; however, we don't, and this is why we need your help.

We are asking for 1000 donors to give \$5 a week for a year. For the small cost of a cup of coffee you could be changing the lives of our gifted children, supporting our future leaders and innovators. To find out more about NZCGE and what we do please visit [www.nzcge.co.nz](http://www.nzcge.co.nz) or give us a call on **0800 769 243**.

Please be the difference  
between ordinary and  
extraordinary.



New Zealand Centre  
for Gifted Education  
*Empowering Extraordinary Minds*





New Zealand Centre  
for Gifted Education  
*Empowering Extraordinary Minds*



## You are helping kiwi kids reach their potential!

We thank you for kindly agreeing to make your donations by automatic payment. Your contributions will help to ensure that gifted education is accessible to more children across every social-economic group. Please note we are a registered charity, CC5061 and all donations are tax deductible.

Please fill in the details attached, give the AP form to your bank and send this form to:

**NZCGE Futures Club**  
**1, 9 Margaret Street**  
**Lower Hutt 5010**

Alternatively, please email [futuresclub@nzcge.co.nz](mailto:futuresclub@nzcge.co.nz)

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### DONOR DETAILS

Title ..... First Name ..... Surname .....

Address .....

Suburb ..... City/Town ..... Postcode .....

Phone ..... Mobile .....

Email .....

Signature ..... Date

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### PRIVACY STATEMENT

a. I acknowledge that this information will be provided to 1000 Futures Club, and my nominated bank only  
b. I agree that 1000 Futures Club may retain this information for the purposes of effecting the donations pledged  
c. I understand that I am entitled to access and request correction of any personal information 1000 Futures Club holds about me  
We adhere to the New Zealand Privacy Act 1993 when we collect, use, disclose, store, provide access to, or otherwise deal with your personal information, including details in your pledge request. Any information you provide 1000 Futures Club will be treated in the strictest confidence and will be used by 1000 Futures Club in connection with the administration of your pledge.

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### ADMINISTRATION USE ONLY

Donor No.  Commencement

Notes

# Authority for Automatic Payment

(Not to operate as an assignment or an agreement)

## PAYER DETAILS

To: The Manager

Name of Bank .....

Branch .....

Name of Account ..... \$ ..... in favour of the same payee.

## Important Please Tick

- ☐ This is a new authority, or  
☐ As from ..... (first payment date)  
this authority replaces existing authorities for

## ACCOUNT DETAILS

On behalf of .....  
(Name if other than payer)

Bank ..... Branch ..... Account Number ..... Suffix .....

Details to Appear on my/our Bank Statement

Particulars (max. 12 characters) ..... Code (max. 12 characters) ..... Reference (max. 12 characters) .....

## FREQUENCY AND AMOUNT

First Payment Date ..... Last Payment Date ..... or Until Further Notice ☐ (tick)

Frequency of Payment (tick one) ☐ Weekly ☐ Fortnightly ☐ 4 Weekly ☐ Monthly ☐ Other (please specify) .....

Fixed Amount \$ ..... Amount (in words) .....

Variable Amount (tick one) ☐ First ☐ Last Variable Amount \$ .....

Variable Amount (in words) .....

## PAYEE DETAILS

Pay to the Credit of:

Name of Bank. **ANZ** Branch **Petone**

Name of Account **NZCGE** Account Number **0 6 0 4 1 3 0 5 0 7 3 6 0 0 0**

Details to Appear on Payee's Bank Statement

Particulars (surname (max. 12 characters)) ..... Code (first name (max. 12 characters)) ..... Reference **FUTURES CLUB**

## CONDITIONS

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for the late payment or for any omission to follow such directions.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
6. The Bank may in its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority or cheque which I/we may owe or hereafter give to the Bank or draw on my/our account.
7. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
8. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed above.
9. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

## AUTHORISATION

1. Please make this automatic payment as detailed by debiting my/our account.
2. I/We understand and accept that the Bank accepts this authority only on the conditions above.

Customer's Signature ..... Contact Phone No. .... Date .....  
Customer's Signature ..... Contact Phone No. .... Date .....

## BANK USE ONLY

Date Received ..... Recorded By ..... Checked By .....