



GALLERY COUNCIL REFUND REQUEST FORM
(To be completed by the person requesting the refund)

NAME (PLEASE PRINT) _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMAIL _____

DATE AND NAME OF EVENT FOR WHICH YOU ARE REQUESTING A REFUND

*AMOUNT REQUESTED \$ _____

REASON FOR CANCELLATION/REFUND REQUEST _____

The mission of the Gallery Council is to raise money for the Memorial Art Gallery. Please consider making your refund a gift to the Gallery Council to benefit the Memorial Art Gallery. Please check one.

Yes, please accept my refund as a gift to the Gallery Council of the MAG.

No, please send me my refund per policy guidelines.

Signature: _____ Date: _____

* Anyone unable to attend a refundable Gallery Council event may request a refund by completing a GC Refund Request Form and submitting it to the GC office. Requests for full refunds past the reservation deadline will be granted if the vacancy is filled. Partial refunds may be considered upon receipt of the Refund Request Form. All refunds will be less any non-recoverable costs and a processing fee of \$25.

Please return this form to the Gallery Council Office, 500 University Avenue, Rochester, NY 14607
Questions about this form: Call the Gallery Council Office: 585.276.8910

OFFICE USE ONLY

Date Received in GC Office _____

1) **Approved/Not approved (Circle one) Date:** _____ **Title:** _____

2) **Approved/Not approved (Circle one) Date:** _____ **Title:** _____

If not approved please attach a brief explanation.

Adopted 11/15; Amended 1/15; 12/15; 4/16