



The Gallery Council of the  
Memorial Art Gallery  
*Support MAG • Connect Friends • Celebrate Art*

## Gallery Council Refund Policy

Anyone unable to attend a Gallery Council event/activity offering a refund ***must make his/ her request for a refund by contacting the Gallery Council Office in writing prior to the event.*** Requests for full refunds past the cancellation deadline will be granted if a vacancy is filled. Partial refunds may be considered upon receipt of the written request. All refunds will be less any non-recoverable costs and a processing fee of \$25.

**If it is necessary for the Gallery Council to cancel** an event or Art Tour, all payments made will be refunded in full.

**To expedite processing of your refund request, please print and use the Gallery Council Refund Request Form (below)**

Adopted 11/14  
Amended 1/15; 5/15; 12/15; 4/16; 12/18



**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.