

CIRCLE OF FRIENDS

Dear Friends of Art,

the Gallery Dorothea van der Koelen in Mainz has founded a **Circle of Friends**. You can join by transferring a **contribution** of your choice – between **\$ 25** and **\$ 250** – to the bank account of the gallery (see below).

A Membership lasts **one year at least**. Afterwards, it can be terminated at any time. **Contributions will not be refunded**. Membership starts on the day of the first contribution and ends on the day of the last one. Remaining credit should be used promptly (within three month).

You can use your credit to purchase **Editions** of the Gallery Dorothea van der Koelen – depending on offer: graphic reproduction, portfolio, small sculpture, multiple object et cetera – as well as **Subscription Editions** from Chorus Verlag (our publishing house) with a **special discount**.

Our artists create those editions specifically **for the Circle of Friends** of the gallery which **save roughly one third** of the usual retail price.

Circle members **save 33,3%** when acquiring **publications** of the Chorus Verlag and can use their credit for those purchases, too.

Besides the editions, **any other** artworks from the gallery can be purchased with the credit, too.

I rejoice in welcoming you, should you decide to join the **Circle of Friends** of the gallery and remain

Cordially Yours



Dr. Dorothea van der Koelen

P.S.: For technical reasons, we accept **standing orders** only. Please schedule it to the beginning of the month (preferably on the 5th of each month) to the following **bank account**:

IBAN: DE30 5519 0000 0423 6490 11 (Bank: Mainzer Volksbank e. G.) **BIC: MVBMDE55**.

GALERIE DOROTHEA VAN DER KOELEN · CHORUS-VERLAG FÜR KUNST UND WISSENSCHAFT
HINTER DER KAPELLE 54 · D - 55128 MAINZ / GERMANY · TEL. 06131 - 34664 · FAX. 06131 - 369076

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DECLARATION OF ACCESSION

Hereby I join the Circle of Friends of the Gallery Dorothea van der Koelen in Mainz on
___ . ___ . 20 ___ and contribute a monthly amount of \$ _____ to the gallery bank account.

Name Phone Number

Address

Date Signature