

Angel Eyes CD Order Form

Date of Order:.....

Name:.....

Postal address:.....

.....

Phone No:.....**Fax No:**.....

No. of CD's ordered @ 9.95 (includes postage & handling) ea:.....

Total Cost:.....

Payment type: **Cheque** **Credit Card**

Credit Card type: **Visa** **Mastercard** **Amex**

Name on card:.....

Card Number:.....**Expiry Date:**.....

Signature:.....

Please fax or post orders to:

Fundraising Administrator
Fundraising Department
The Children's Hospital at Westmead
Locked Bag 4001
WESTMEAD NSW 2145
Ph: 9845 3473 Fax: 9845 3457

From each CD bought, 100% proceeds will go to the children's hospital at Westmead

Office Use: DN _____ Code: _____ Rec: _____ DES: _____