

KIDZ KALENDAR 2009 ORDER FORM

Date of Order:.....

Name:.....

Postal address:.....

.....

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

Email address:

No. of calendars ordered @ \$5.00 each:.....

Postage & Handling: \$3.50

Total Cost:\$.....

Payment type: Cheque Credit Card

MasterCard Visa AMEX

Card no / / /

Name on card:.....

Expiry Date:.....

Signature:.....

Please fax or post orders to:

Karina Vargas
Fundraising Department
Children's Hospital at Westmead
Locked Bag 4001
WESTMEAD NSW 2145

Phone: 9845 3367 Fax: 9845 3457