

**CD Order Form  
Cello Lullaby & Hush Collection**

Date of Order:.....

Name:.....

Postal address:.....

.....

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cello Lullaby         | <input type="checkbox"/> Hush Collection Vol 1  | <input type="checkbox"/> Hush Collection Vol 2  |
| <input type="checkbox"/> Hush Collection Vol 3 | <input type="checkbox"/> Hush Collection Vol 4  | <input type="checkbox"/> Hush Collection Vol 5  |
| <input type="checkbox"/> Hush Collection Vol 6 | <input type="checkbox"/> Hush Collection Vol 7  | <input type="checkbox"/> Hush Collection Vol 8  |
| <input type="checkbox"/> Hush Collection Vol 9 | <input type="checkbox"/> Hush Collection Vol 10 | <input type="checkbox"/> Hush Collection Vol 11 |

No. of CD's ordered @ \$24.95 ea:.....

Postage & Handling: \$5.50

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:

Merchandise Manager  
Fundraising Department  
The Children's Hospital at Westmead  
Locked Bag 4001  
WESTMEAD NSW 2145  
Ph: 9845 3474    Fax: 9845 3457

**From each album bought, \$16 will go the children's hospital at Westmead**

Office Use: DN \_\_\_\_\_ Code: \_\_\_\_\_ Rec: \_\_\_\_\_ DES: \_\_\_\_\_