

2009 PMHF CHRISTMAS CARD ORDER FORM

Facsimile: 08 9489 1199 (credit card orders only)
or post with payment to GPO Box D184, Perth WA 6840

NB: It is recommended that cash payment are not sent through the post

DATE _____

CONTACT DETAILS

Title: Mr / Mrs / Ms / Miss / Dr

First Name: _____ Surname: _____

Company: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Daytime Ph No: _____ Mobile: _____

PAYMENT DETAILS

Cash Cheque / Money Order

Credit Please circle: Visa / Amex / Mastercard / Diners

Card No: _____ | _____ | _____ | _____ Expiry: ____ | ____

Card Holders Name: _____

Number of packs _____ x \$12.00

Subtotal: \$ _____

+ Postage (\$2 / per pack) \$ _____

TOTAL \$ _____

Thankyou for supporting the Princess Margaret Hospital Foundation



PRINCESS MARGARET HOSPITAL
FOUNDATION