

# 2010 FIREFIGHTER CALENDER 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 payments are not sent through the post*

DATE \_\_\_\_\_

## CONTACT DETAILS

Title: \_\_\_\_\_ Mr / Mrs / Ms / Miss / Dr

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Company: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Suburb: \_\_\_\_\_

Telephone: \_\_\_\_\_

## PAYMENT DETAILS

Cash  Cheque / Money Order

Credit Please circle: Visa | Bankcard | Mastercard

Card No: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Expiry: \_\_\_\_ | \_\_\_\_

Card Holders Name: \_\_\_\_\_

Number of calendars \_\_\_\_\_ x \$10

Subtotal: \$ \_\_\_\_\_

+ Postage (\$2 / calendar) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

---

*Part proceeds from the sale of this calendar go the  
Burns Unit at Princess Margaret Hospital for Children*

***Thank you for your support***

---



PRINCESS MARGARET HOSPITAL  
FOUNDATION