Annual Gift Guide 2009/10 **ORDER FORM**

YOUR DETAILS

Mr Mrs Miss Ms Rev Dr Other _____

First Name _____

Surname _____

Address _____

Suburb/Town _____ State _____ Postcode _____

Home Phone ( ) _____

DELIVERY ADDRESS (if different from YOUR DETAILS)

Mr Mrs Miss Ms Rev Dr Other _____

First Name _____

Surname _____

Address _____

Suburb/Town _____ State _____ Postcode _____

YOUR ORDER

REMOVE THIS FORM FROM BOOKLET FOR POSTAL ORDERS

REMOVE THIS FORM FROM BOOKLET FOR POSTAL ORDERS

Item#	Product Name	Unit Price (includes GST)	Qty	Sub Total
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
Details to go on **Address Stickers (refer to item #1020)** *Please print clearly* Name _____ Address _____ Suburb/Town _____ State _____ Postcode _____		**$15.00** (3 sheets of 44 stickers)		$
			Goods Total	$
POSTAGE RATES	Goods Total: / Postage Charge: $0 – $50 / $6.00 $50.01 – $100 / $10.00 Over $100 / $15.00		**Postage**	$
Please support the **'CEED'** program in India (see back page for details). Donations over $2 are Tax Deductible.			**Donation**	$
			Grand Total	$

- **All stock available** until July 2010 or until sold out
- **Urgent Orders** are subject to product availability and will incur an additional charge of $10
- **Please allow 14–21 days** for delivery (from time order is received)

HOW TO ORDER

There are a number of ways you can place an order:

PHONE Freecall 1800 617 679 (Credit cards only)

ONLINE www.leprosymission.org.au (Secure website for credit cards)

POST Mail THIS order form with payment to:
The Leprosy Mission, Mail Orders
PO Box 293, Box Hill VIC 3128
Please DO NOT send CASH!

FAX 03 9890 0550 (Credit cards only)

VISIT The Leprosy Mission
37 Ellingworth Parade, Box Hill VIC 3128
Open Mon–Fri 9am–5pm

ABN 52 354 004 543

PAYMENT

Don't forget to fill in **'YOUR DETAILS'** at top of form

☐ Cheque ☐ Money Order **OR** ☐ Visa ☐ Mastercard ☐ AMEX

Card NO. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry ____/____ Signature _____

Cardholder's Name _____