

MOBILE HOME CALENDAR 2010

ORDER FORM



Melbourne Citymission
Building Inclusive Communities

PART ONE

Your Details (please print in BLOCK LETTERS)

TITLE _____ NAME _____

ADDRESS _____

POSTCODE _____ PHONE _____

EMAIL _____

PART TWO

Your Order. Please tick number of copies you want to order.

| QUANTITY | COST (inclusive of GST) | POSTAGE & HANDLING | TOTAL |
|---|-------------------------|--------------------|----------|
| <input type="checkbox"/> 1 x | \$19.95 + | \$3.50 = | \$23.45 |
| <input type="checkbox"/> 2 x | \$19.95 + | \$3.50 = | \$43.40 |
| <input type="checkbox"/> 3 x | \$19.95 + | \$3.50 = | \$63.35 |
| <input type="checkbox"/> 4 x | \$19.95 + | \$6.50 = | \$86.30 |
| <input type="checkbox"/> 5 x | \$19.95 + | \$6.50 = | \$106.25 |
| <input type="checkbox"/> 6 x | \$19.95 + | \$6.50 = | \$126.20 |
| <input type="checkbox"/> 7 x | \$19.95 + | \$6.50 = | \$146.15 |
| <input type="checkbox"/> 7+ Please indicate quantity _____ | \$19.95 + | \$8.50 = | |
| For orders more than 20 please call 8625 4444. | | | |

PAYMENT DETAILS

I WOULD LIKE TO PAY THE AMOUNT OF _____ WITH:

- Amex Visa Diners
 Mastercard Cheque Cash

Card number

Card holder's name

Signature

NOTE

All cheques should be made payable to Melbourne Citymission
Total cost would be the cost per number of units PLUS postage and handling

Expiry date

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ABOUT THE MOBILE HOME CALENDAR 2010

100% of the retail price of this calendar will be used for the education and training of the young people using our services.

I do not want to receive information from Melbourne Citymission

PLEASE POST BACK TO: MELBOURNE CITYMISSION, PO Box 13210, Law Courts PO Melbourne VIC 8010, Fax 03 8625 4410

FOR FURTHER ENQUIRIES: 8625 4444; www.melbournecitymission.org.au

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