

# NRF Christmas Card Order Thank you.

Place your order. **Post** PO Box 698, North Adelaide, SA 5006 **Telephone** 08 8371 0771



Christmas Tree  
90c  
No of cards \_\_\_\_\_  
\$ \_\_\_\_\_



Red Bauble  
90c  
No of cards \_\_\_\_\_  
\$ \_\_\_\_\_



Peace Dove  
90c  
No of cards \_\_\_\_\_  
\$ \_\_\_\_\_



Native Gum Baubles  
\$1  
No of cards \_\_\_\_\_  
\$ \_\_\_\_\_



Aussie Tree  
\$1  
No of cards \_\_\_\_\_  
\$ \_\_\_\_\_



Baby Jesus  
50c  
No of cards \_\_\_\_\_  
\$ \_\_\_\_\_

Card Order: (All prices include GST) \$ \_\_\_\_\_

Donation to the NeuroSurgical Research Foundation \$ \_\_\_\_\_

Postage: \$1.50 for 10 / \$3.00 for 20 / \$4.50 for 30 / \$6.00 for 40 etc. Postage: \$ \_\_\_\_\_

**TOTAL AMOUNT DUE: (Including GST)** \$ \_\_\_\_\_

## Contact details

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City / Suburb \_\_\_\_\_ State & PC \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

## Payment details

**Total** \$ \_\_\_\_\_

I enclose my payment. Cheque or money order payable made to NeuroSurgical Research Foundation

Or Credit Card Payment: Mastercard / Visa

Credit card number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_

Name of cardholder \_\_\_\_\_ Signature \_\_\_\_\_