

NSW Order Form

65 roses day

Friday 28 May 2010

Personal Details (Please print and tick boxes appropriately)

Mr Mrs Ms Miss FIRST NAME: _____ SURNAME: _____

COMPANY: _____ POSITION: _____

DELIVERY ADDRESS: _____

SUBURB: _____ POSTCODE: _____ EMAIL: _____

DAY TIME PH: _____ FAX: _____ MOBILE: _____

DELIVERY: Merchandise will be delivered to you free of charge. We are unable to provide you with a specific delivery time. Merchandise will be delivered Monday - Friday / 9am - 5pm and will be left if address is unattended. If you have special delivery instructions eg: Leave with neighbour. Please advise here: _____

Order Merchandise

Please tick here if you are intending to sell merchandise in a shopping centre or other public place.

A copy of our public liability insurance will be sent to you with your letter of authority.

Please indicate the area(s) where you are intending to sell:

Please tick here if you would like to receive a display box.

(we have a limited number of boxes which will be sent out on a first-come first-served basis)

Please tick relevant box. I am a:

First time 65 Roses Day merchandises seller.

Previous 65 Roses Day merchandises seller.

In order to make way for a fantastic new range of products in 2011, we are hoping to sell out of all of our 2010 stock. As such quantities are limited, so we will send out what we have on a first-come first-served basis!

I would like to order:

___ x pack of 10 Wristbands @ \$20 = \$ _____
 ___ x pack of 10 Tattoos @ \$20 = \$ _____
 ___ x pack of 10 Pens @ \$30 = \$ _____
 ___ x pack of 10 Pins @ \$50 = \$ _____
 ___ x pack of 10 Ribbons @ \$20 = \$ _____

Total merchandise = \$ _____



Donation / Payment - Please place orders by 3 May 2010. Money to be returned by 11 June 2010.

I would like to pay upfront for my merchandise:

First time 65 Roses Day sellers are kindly requested to either make a payment upfront or to supply a credit card number to secure the merchandise. We greatly appreciate your cooperation on this matter.

Total Merchandise \$ _____

I would also like to make a tax deductible gift of:

\$25 \$50 \$75 \$100 Other \$ _____

TOTAL _____

Please find enclosed my cheque or money order made payable to Cystic Fibrosis NSW or debit my credit card:

VISA MasterCard AMEX Card Number Expiry /

Card Holder's Name: _____ Signature: _____

If you would like to direct deposit into our bank account please phone 02 9878 2075
 You may also make a donation over the phone by calling **02 9878 2075**
 or online by visiting **www.65rosesday.org.au**

Help us find a cure.