



ORDER FORM

PO BOX 3068
KIRRAWEE 2232
Phone: 02 9542 1300
Fax: 02 9542 1400

Hours of Operation

We are open to members 4 days a week only, Monday to Thursday.

Counter hours are 9:00 am to 2:00 pm.

Telephone lines open 8.00 am to 4.30 pm

Email: orders@ostomynsw.org.au

Please complete all relevant information

Received

Name				Member No.		
Delivery Address						
Post Code						
Delivery Method						
Post	<input type="checkbox"/>	Pick up	Monro Ave	<input type="checkbox"/>	Princes H'way	<input type="checkbox"/>

Payment Method (Do not send cash)				Amount Paid	\$
Cheque	Money Order	Credit Card	Direct Debit	Date Paid ____ / ____ / ____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BSB 112-879, Account No. 456643389	
Identify this with member number and a word describing the payment (e.g. "Postage" or "Fees" or "Donation")					
Please charge my credit card (minimum \$39.00) (Only Mastercard and Visa are accepted and the minimum amount is equal to 3 postal deliveries)					
Name on card			Expiry Date		
Card No.	____ / ____ / ____ / ____			CVC No. (last 3 digits on back of card)	

Brand	Product Code	Description	Quantity

Write here any supplies to be purchased or any special instructions for delivery of your order:

Please allow Australia Post up to 10 working days to deliver your order, subject to your location.