



heart of a community— hope of a nation

Christmas Cards



NAME: _____

ADDRESS : _____

DAYTIME PHONE NO: _____

E-MAIL: _____

ORDER FORM

| | |
|---|----|
| Christmas Cards _____ Box/es @ \$10.00 each (incl GST) | \$ |
| <input type="checkbox"/> I / we would like to make a one off donation to the Apex Foundation (please tick): | |
| <input type="checkbox"/> I / we would like to support the Apex Foundation with a regular annual / monthly gift (please tick): | \$ |
| <input type="checkbox"/> \$15 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other | \$ |
| TOTAL DUE : | \$ |

Do you have a favourite Trust? Please tick.

- | | |
|---|--|
| <input type="checkbox"/> Autism Trust | <input type="checkbox"/> Children's Cancer and Leukaemia Trust |
| <input type="checkbox"/> Cranio Facial Surgery Trust | <input type="checkbox"/> Destiny Youth Trust |
| <input type="checkbox"/> Diabetes Mellitus Trust | <input type="checkbox"/> General Trust |
| <input type="checkbox"/> Melanoma Trust | <input type="checkbox"/> Robert Stolz Fine Arts Trust |
| <input type="checkbox"/> Underprivileged Children's Trust - SHACK | <input type="checkbox"/> Underprivileged Children's Trust - Chalet |

ALL DONATIONS OVER \$2 ARE TAX DEDUCTIBLE

Payment Method (please circle) : MO CHQ M/C B/C DINERS AMEX VISA

Card number:

Expiry Date: _____ / _____

Name on Card: _____

Signature: _____



CHEQUES PAYABLE TO: THE APEX FOUNDATION
PLEASE POST TO: APEX FOUNDATION, LEVEL 5, 201 KENT ST SYDNEY NSW 2000
Ph: 02 9253 7775 Fax: 02 9253 7117 Email: info@apexfoundation.org.au