



# ORDER FORM

 **PO BOX 3068**  
**KIRRAWEE DC 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](mailto: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 <input type="checkbox"/>	Money Order <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Direct Debit <input type="checkbox"/>	Date Paid ____ / ____ / ____
			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 \$36.00)				
<i>(Only Mastercard and Visa are accepted and the minimum amount is equal to 3 postal deliveries)</i>				
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:

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