



2010 NEW YEAR CARD ORDER FORM CHW TORONTO CENTRE

209—638A Sheppard Ave W. Toronto ON M3H 2S1

Tel: 416.630.8373

Fax: 416.630.2370

Email: cards@hadassahwizoto.ca



Please complete this form with the names and addresses of your New Year Card List. Please make additional copies of this form if required. Please return all lists by August 17, 2010 via mail, fax or email. If names and addresses have changed, please notify the office.

ORDER FROM: (Please Print)

Name: _____

Address: _____

City: _____ Postal Code: _____ Chapter: _____

Telephone: (home) _____ (Bus) _____

PLEASE SIGN MY/OUR CARDS: (include name(s) & circle either Love or Fondly _____

PAYMENT: CHEQUE ENCLOSED VISA MASTERCARD

CARD NO: _____ Expiry Date: _____

CARDHOLDER'S NAME: _____

COST: 5 CARDS/\$40.00 OR less than 5 = \$10.00 each. Cards outside North America add \$1.70 each
Cards to the United States add \$1.00 each

No. of cards ordered: _____ @ \$ _____ each = \$ _____

No. of cards outside North America _____ @ \$1.70 extra each = \$ _____

No. of cards to United States _____ @ \$1.00 extra each = \$ _____

Total enclosed: _____ \$ _____

PLEASE SEND CARDS TO: (please print)

Name: _____

Address: _____ Apt # _____

City: _____ Province: _____ Postal Code: _____

Name: _____

Address: _____ Apt # _____

City: _____ Province: _____ Postal Code: _____

Name: _____

Address: _____ Apt # _____

City: _____ Province: _____ Postal Code: _____

Name: _____
Address: _____ Apt # _____
City: _____ Province: _____ Postal Code: _____

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Address: _____ Apt # _____
City: _____ Province: _____ Postal Code: _____

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City: _____ Province: _____ Postal Code: _____

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City: _____ Province: _____ Postal Code: _____

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City: _____ Province: _____ Postal Code: _____

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City: _____ Province: _____ Postal Code: _____

Name: _____
Address: _____ Apt # _____
City: _____ Province: _____ Postal Code: _____

Name: _____
Address: _____ Apt # _____
City: _____ Province: _____ Postal Code: _____