

ORDER FORM/TAX INVOICE

DECEMBER VALUE OFFER

Enterprise Care Pty Ltd
 Level 1, 21 Burwood Road, Hawthorn Vic 3122
 Telephone: 1300 659 613 Facsimile: 1300 659 564
 Email: info@enterprisecare.com.au

Date of Issue: _____ (enter tax/invoice date)

| All Prices include GST | Member Price | New Member Price | Non-Member Price |
|---|-----------------|--|------------------|
| The Not for Profit Human Resources Guide | \$132.00 | \$242.00 <i>(\$132.00 plus \$110.00 membership until 30 June 2010)</i> | \$198.00 |

Mail or fax your completed order with payment:

Cheque: payable to Enterprise Care Not for Profit Services Pty Ltd

EFT: to Enterprise Care Not for Profit Services Pty Ltd
 National Australia Bank
 BSB 083-166 Account No. 48 189 6214

Transaction Date: ____/____/____
(Please include organisation name in payment reference)

Or

Charge my **Credit Card:** **Mastercard** **Visa** **AMEX*** **Diners**

Expiry: /

***If AMEX payment, 4-digit security code:**

Amount to be charged to my credit card \$ _____

Signature _____ Date ____/____/____

| | | | | | | | |
|---------------|--|--|----------|-----------------|--|-----------|--|
| Contact Name: | | | | Position Title: | | | |
| Organisation: | | | | | | | |
| Address: | | | | | | State: | |
| | | | | | | Postcode: | |
| Telephone: | | | Email: | | | | |
| Fax: | | | Website: | | | | |

Cardholder Name _____

Signature _____ Date ____/____/____