



Shop

Details

Title	First name		
Surname			
Street address			
Suburb	State	Postcode	
Phone (H)	(B)		
Fax	Mobile		
Email			

Item required

Item			
Price \$	Quantity	Postage \$	
Total price \$			

Price \$	Quantity	Postage \$	
Total price \$			

TOTAL PAYMENT \$

Payment

Cheque / money order enclosed for \$ _____ Date / / _____

Please note we are unable to accept cash payments

Return this form with payment to the:

Calligraphy Society of Victoria Inc.
GPO Box 2623, Melbourne, Victoria, 3001