|  |  |
| --- | --- |
| **Your name:** |  |
| **Your postal address:** |  |
| **Your contact number:** |  |

**Your order**

|  |  |  |
| --- | --- | --- |
| **Item** | **Colour** | **Size** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Postage cost:** | $ |
|  | **Total cost:** | $ |

Payment is via direct deposit to our bank account. Please use your surname and order date as payment reference.

**Account name:**  Flicker of Hope Foundation Ltd

**Bank:** Commonwealth Bank Australia

**BSB:** 063-000

**Account:** 13294487

Once completed, please email this form to [info@flickerofhope.org.au](mailto:info@flickerofhope.org.au)