

2010 TEARS Calendar FAX Order Form

Please print the form below, complete and fax, together with proof of payment to **021 785 4354**.

Full Name _____

Address _____

Postal Code _____

Tel _____

E-mail address _____

Number of Calendars _____

Sub-total at R100 per copy _____

Postage Fee:

1 -2 Calendars – R10.00 _____

3- 4 Calendars – R20.00 _____

Total: _____