What I'd like you to know about me!

Celebrating and acknowledging children and young people with disabilities.

Family License ORDER FORM

Order Date: _____

Name of Person and/or Organisation: _____

Date of Birth: _____ **Age: _____ *(Please Note: These fields are optional and are for project evaluation statistic purposes only.)*

Postal Address: _____

_____ Postcode: _____

Tel. Number: _____ Mobile: _____

Fax Number: _____ Email: _____

What service providers do you use? _____

_____

How did you hear about this resource?

INTERNET WORD OF MOUTH ORGANISATION (*please specify*) _____

OTHER (*please specify*) _____

Resource	Quantity	Cost per Item	TOTAL
Family License *(up to 2 children)*		$50.00 (inc GST)	
		TOTAL COST	

Name of Child / Children	Relationship to Child	Date of Birth	Age 0-6	Age 6-12	Age 12+

My Cash/Cheque/Postal Order for $ _____ is enclosed. *(Cheques Payable to: Life's for Living Inc.)*

Credit Card payment *(please complete information below)*

Please debit my: MasterCard Visa

Credit Card Number: Expiry Date: ____/____

Cardholder's Name (Please Print Clearly): _____

3 Digit Security Code *(found on the back of your card)* _____

Cardholder's Signature: _____ Amount to Pay: _____

A Tax Invoice will be issued upon receipt of payment

www.aboutme.org.au

HOW TO ORDER

info@aboutme.org.au

+ 61 8 8277 3300

+ 61 8 8277 3994

PO Box 55, Edwardstown, SA 5039