

CustomEyes® Ordering Form



Section 1

Name of Member / Service:

Name of person ordering:

Title: Miss / Mrs / Mr / Ms

Delivery Address:

Telephone number (Inc STD):

Email address:

Section 2

Payment details: Cheque Card Invoice PO Number

Please make cheques payable to Guide Dogs

Required for invoicing

Name on Card:

Card No:

Expiry date:

Card Type: Visa / Mastercard / Switch / Maestro / Other

Signature:

Date:

