



REMITTANCE ADVICE for CAR Adam

Date: _____

Company name: _____ Contact Name: _____

Street: _____ Suburb: _____

Post Code: _____ Contact Phone: _____

Amount herewith enclosed: \$_____

Payment made by: (please circle one)

Cheque

Credit Card

Direct Debit

Money Order

Cash

Card Type	VISA	MASTERCARD	BANKCARD	AMEX	DINERS
Credit Card Number				Expiry Date	
Cardholder's Name					
Cardholder's Signature					

Direct Debit Details: Variety Club of SA (Commonwealth Bank)

BSB 065 102

Account No 1007 4382

TO BE KINDLY RETURNED TO:

VARIETY, THE CHILDREN'S CHARITY
PO Box 1235
Marleston SA 5033
Tel: 8293 8744 Fax: 8293 8725

On behalf of South Australia's special children, we thank you.