



ANZAC DAY COMMEMORATION COMMITTEE

(Qld) Inc

ABN 46 457 412 054

EMAIL: QB@anzacday.org.au

PO Box 391

ASPLEY QLD 4034

PH 07 3263 7118

FAX 07 3175 0608

## Items For Young Supporters

Minimum order \$15 - Postage Free

From: ..... /...../ 11

Address:

.....

.....

..... Postcode: .....

Phone: ..... Fax: .....

Please supply

.....	ANZAC Tattoos @ 50 cents each (Soldier & black dog)	\$ .....
.....	ANZAC Tattoos @ 50 cents each (Soldier & tan dog)	\$ .....
.....	ANZAC Tattoos @ 50 cents each (Kangaroo & Flag)	\$ .....
.....	ANZAC Silk Sticker @ 50 cents each (Kangaroo & Flag))	\$ .....
.....	ANZAC Silk Ribbon @ \$1 each (Support our Troops in Afghanistan)	\$ .....
.....	Camouflage Message Biro @ \$2.50 each	\$ .....
.....	Camouflage wrist band (adult) @\$2 each	\$ .....
.....	Camouflage wrist band (child) @\$2 each	\$ .....
.....	Australian WW1 History Ruler @\$6.50 each	\$ .....
.....	Australian Vietnam Ruler @6.50 each	\$ .....

**TOTAL FOR ITEMS ORDERED ON THIS PAGE**

**\$.....**

NB: During busy periods please allow 10 days for delivery



**ANZAC Day Commemoration Committee  
(Queensland) Incorporated**

POST OFFICE BOX 391, ASPLEY, Q, 4034

Telephone: (07) 3263 7118

Facsimile: (07) 3175 0608

Email: QB@anzacday.org.au www.anzacday.org.au

ABN 46 457 412 054

**Payment Options**

**BY CHEQUE:**

Please attach cheque and send to:

ADCC  
PO Box 391  
ASPLEY QLD 4043

**BY DIRECT DEPOSIT:**

Please make payment to:

ANZAC Day Commemoration Committee  
(Queensland) Incorporated

Bank Name

Commonwealth Bank

BSB

06 4001

Account Number

909 185

Branch Address

Adelaide & Albert Sts

King George Square

BRISBANE QLD 4000

**\*Please include your name when making payment  
and if possible please attach internet or bank receipt**

**BY CREDIT CARD**

**Amount to be debited \$.....**

Please fill in remittance advice below and post to

ADCC  
PO Box 391  
ASPLEY QLD 4034

Credit card payments may also be **faxed to 07 3175 0608**

Name: .....

Address: .....

Please debit my:    MasterCard    Visa

Card number:    \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

Expiry date:        \_ \_ / \_ \_

Name on card: .....

Signature: .....    Phone contact: .....

Email: .....@.....