

Gift Ticket Order Form Only

Lottery No.

Mr Mrs Ms Miss (please circle) Other

First Name

Last Name

Are you an existing Heart Foundation Lottery ticket buyer?

 Y N

If yes, Client ID Number

Street

Suburb

City

Phone No.

Reason for giving gift

How you would like your name signed on the gift ticket

E.g. Nana, Uncle John

Return this order form in an envelope to:

FREEPOST 1458, Heart Foundation, Private Bag 11912, Ellerslie, Auckland.

The National Heart Foundation of New Zealand is a registered charity (CC23052) under the Charities Act 2005. For more information about the Heart Foundation please visit our website at www.heartfoundation.org.nz

I would like to purchase gift ticket/s for the following:

Recipient Name (how you want names to be printed on the gift ticket) No. Tickets Total

Name

\$

Address

Name

\$

Address

Name

\$

Address

Name

\$

Address

Name

\$

Address

TOTAL

(Number of tickets x \$12.50)

\$

PAYMENT DETAILS

I wish to pay by cheque (Please enclose a cheque made payable to Heart Foundation)

I wish to pay by Credit Card (Please complete the section below)

Mastercard Visa Amex Diners

Card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name on card

Signature

Expiry date