

ORDER REF

CARD REF NO. \_\_\_\_\_ PRICE BAND \_\_\_\_\_ QUANTITY \_\_\_\_\_

GREETING NO. \_\_\_\_\_ TYPEFACE \_\_\_\_\_ ALTERNATIVE GREETING  
Maximum 46 characters, including spaces & punctuation

COLOUR \_\_\_\_\_  
Please choose one of the standard colours -  
Black, Navy or Red

'FROM' NOT REQUIRED  NAME LARGER  NAME BOLDER  SIGNATURES   
(please tick) We will email a template for all signatures

NAMES AFTER 'GREETING'  
Please print the details clearly including all punctuation.  
Your instructions will be followed **EXACTLY**

ADDRESS POSITION     
Left Centre Right  
Please print the details clearly including all punctuation.  
Your instructions will be followed **EXACTLY**

LOGO POSITION    Email logos to: sales@christmas-charitycards.co.uk  
Left Centre Right All logo artwork must be 300dpi - jpeg or eps format

FRONT OVERPRINTING   
If a logo is to be used on front of card please tick.  
For wording please use space provided.

FREE EMAIL PROOF  
Email address to send proof to

SPECIAL INSTRUCTIONS  
If you have any special requirements please state  
them clearly in the space provided.

**DELIVERY**

CONTACT NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

TEL: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Customer name and purchase  
order number, if applicable.

**PLEASE SEND OR FAX YOUR ORDER TO:**

**Wooden Spoon Christmas Cards, Unit 1, Sarus Court, Stuart Road,  
Manor Park, Runcorn, Cheshire, WA7 1UL**

**Tel: 01928 599 933 Fax: 01928 597 886**

**Gift Aid**

I wish Wooden Spoon to treat all subscriptions/donations I make on or after 6th April 2008 until I  
notify otherwise as a giftaid donation. I am a UK tax payer and pay an amount of income tax and/or  
capital gains tax equal to the tax reclaimed on my subscriptions/donation. Please tick

**PAYMENT**

CHEQUE ENCLOSED FOR £ \_\_\_\_\_

Made payable to: 20Twelve on behalf of Wooden Spoon

**I WISH TO PAY BY CREDIT CARD**

Mastercard  Visa  Maestro/Visa Debit

Issue No: \_\_\_\_\_ Security Code: \_\_\_\_\_ (Last 3 digits on  
reverse of card)

Start Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**CARD NO.**

\_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

DATE: \_\_\_\_\_

CARD HOLDERS SIGNATURE: \_\_\_\_\_

Basic cost of cards	_____
Voluntary Charity Donation	_____
<b>Total Cost</b>	_____

**Data Protection Act**

Under the terms of the Data Protection Acts 1984 and 1988 I agree to let  
Wooden Spoon store and process information about me for the purpose of  
providing services in accordance with it's charitable aims. Tick if not applicable