



MOUNT HAWTHORN PRIMARY SCHOOL

NAME: _____

ROOM: _____ **PHONE NUMBER:** _____

Type	Quantity	Price
Lamington (6 pack) \$9.00 each		

PAID BY (PLEASE CIRCLE): ** ORDERS CLOSE 10TH DECEMBER @9AM**

CREDIT CARD ;

NAME ON CARD: _____ **AMOUNT:** \$ _____

CARD NUMBER: _____ **CVC No.** _____

EXPIRY DATE: _____

****OR****

CASH ; _____ **(ENCLOSED)**