

CLIP THIS FORM AND SEND TO

Golden Bay Community Health Te Hauora O Mohua Trust,
P O Box 206, Takaka 7142.

PHONE: 03 525 6151 **EMAIL:** info@gbhealth.org.nz

WEB: www.gbhealth.org.nz



Name: _____

Phone: _____

Email: _____

Address: _____

<input type="checkbox"/> Direct bank payment: to Kiwibank 389011 0134 603 00	Amount: _____
<input type="checkbox"/> Automatic payment to: Kiwibank 389011 0134 603 00	Weekly amount \$ _____
	Monthly amount \$ _____
<input type="checkbox"/> Cheque	Amount \$ _____
<input type="checkbox"/> Credit card	Amount \$ _____
Credit card type: _____	Name on card: _____
Expiry date _____	Card number: _____