

NA'AMAT CANADA TORONTO MAH JONGG CARD ORDER FORM

DATE: _____

CLUB: _____

| | | | |
|----------------|-----------------|--------------------|----------------|
| ID#: _____ | NAME: _____ | | |
| ADDRESS: _____ | | | |
| CITY: _____ | PROVINCE: _____ | POSTAL CODE: _____ | |
| PHONE: _____ | HOME _____ | CELL _____ | BUSINESS _____ |
| EMAIL: _____ | | | |

| Total # of Cards: _____ | COST | |
|----------------------------|---|--------------------------------|
| | Canadian Funds (Visa/MC/Cheque*) <small>*make cheque payable to Na'amat Canada Inc.</small> | US Funds (Pay by Cash Only) |
| Standard Print Card | _____ x \$13.00 CAD | _____ x \$9.00 USD |
| Large Print Card | _____ x \$14.00 CAD | _____ x \$10.00 USD |
| Total: | _____ CAD | _____ USD |

If buying more than one card, please provide the name and address:

| | | |
|----------------|--------------|------------------|
| ID#: _____ | Name: _____ | Card Type: _____ |
| Address: _____ | City: _____ | Postal: _____ |
| Phone: _____ | Email: _____ | |
| HOME / CELL | | |

| | | |
|----------------|--------------|------------------|
| ID#: _____ | Name: _____ | Card Type: _____ |
| Address: _____ | City: _____ | Postal: _____ |
| Phone: _____ | Email: _____ | |
| HOME / CELL | | |

| | | |
|----------------|--------------|------------------|
| ID#: _____ | Name: _____ | Card Type: _____ |
| Address: _____ | City: _____ | Postal: _____ |
| Phone: _____ | Email: _____ | |
| HOME / CELL | | |

(If ordering more than 4 cards please use the additional names form.)

DEADLINE: JANUARY 25, 2021

PAYMENT INFORMATION:

VISA MASTERCARD On File CHEQUE # _____ (Personal/Business) USD CASH _____

Card #: _____ Expiry Date: ____ / ____

Please indicate: CAD / USD Amount: _____

Name on Credit Card: Personal Business _____

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Additional Names

| | | | | |
|-------------|-------|--------|------------|--|
| ID#: | Name: | | Card Type: | |
| Address: | | City: | Postal: | |
| Phone: | | Email: | | |
| HOME / CELL | | | | |

| | | | | |
|-------------|-------|--------|------------|--|
| ID#: | Name: | | Card Type: | |
| Address: | | City: | Postal: | |
| Phone: | | Email: | | |
| HOME / CELL | | | | |

| | | | | |
|-------------|-------|--------|------------|--|
| ID#: | Name: | | Card Type: | |
| Address: | | City: | Postal: | |
| Phone: | | Email: | | |
| HOME / CELL | | | | |

| | | | | |
|-------------|-------|--------|------------|--|
| ID#: | Name: | | Card Type: | |
| Address: | | City: | Postal: | |
| Phone: | | Email: | | |
| HOME / CELL | | | | |

| | | | | |
|-------------|-------|--------|------------|--|
| ID#: | Name: | | Card Type: | |
| Address: | | City: | Postal: | |
| Phone: | | Email: | | |
| HOME / CELL | | | | |

| | | | | |
|-------------|-------|--------|------------|--|
| ID#: | Name: | | Card Type: | |
| Address: | | City: | Postal: | |
| Phone: | | Email: | | |
| HOME / CELL | | | | |

| | | | | |
|-------------|-------|--------|------------|--|
| ID#: | Name: | | Card Type: | |
| Address: | | City: | Postal: | |
| Phone: | | Email: | | |
| HOME / CELL | | | | |

For more information email **Debi** at: debiarchinoff@rogers.com
 or call the **Na'amat Toronto Office** at: 416.636.5425 / email at: toronto.info@naamat.com
 Mail order forms with payment to: Na'amat Canada Toronto, 272 Codsell Ave, Toronto, ON, M3H 3X2