

PLEASE ENSURE YOU HAVE COMPLETED BOTH SIDES OF THIS ORDER FORM, DETACH THE PAGE FROM THE BOOKLET AND RETURN TO THE ADDRESS BELOW

Name

Address.....

.....

.....Post Code.....

Telephone.....email.....

Telephone Number in case of query with order

Method of Payment Please Tick Box

Cheque/Postal Order made out to Mark Davies Injured Riders Fund

I wish to pay using my Credit/Debit Card

Type of Card (Mastercard/Visa etc).....Credit/Debit Card

(delete where necessary)

Name on Card.....

Cardholder's Signature.....

Card Number

Start Date Expiry Date

CVC Security number on back of card Issue Number (if any)

Delivery Address (if Different).....

.....

.....PostCode.....

PLEASE RETURN FORM TO

MDIRF

**Lancrow Farmhouse, Penpillick Hill, Cornwall PL24 2SA
Tel:01726 813156**