Name: _____

Address: _____

_____

Phone: _____

Email: _____

☐ I enclose a cheque for $ _____
(made payable to the Kiri Te Kanawa Foundation) ***OR***

☐ please charge my credit card

Credit card: ☐ Amex ☐ Mastercard ☐ Visa

Amount: _____

Card number: _____

Expiry date: _____

Cardholder name: _____

Signature: _____

Please post this form with payment details to:
Kiri Te Kanawa Foundation
PO Box 38387, Howick, Auckland 2014,
New Zealand