

**CREDIT CARD PAYMENT DETAILS – Visa or Mastercard only**

Credit card payment – VISA  MASTERCARD  (Please tick one)

Card No. \_\_\_\_\_

Expiry date \_\_\_\_/\_\_\_\_

**Office Use Only**  
Receipt/s No/s.....

AMOUNT \$ \_\_\_\_\_

.....

Name on Card (please print) \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

*Contact Details:*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone No \_\_\_\_\_

**Office Use Only**  
Receipt/s No/s .....

Mail to: The Rundle Foundation

C/- Museum of Ancient Cultures

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