

**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  
29 Wally's Walk (29WW) Level 3    MACQUARIE UNIVERSITY NSW 2109