Metanoia ORDER FORM

Office Use					

From (name as on card) _____

Credit Card Statement Address _____

Town _____

County _____ Post Code _____

Phone _____

Email _____

14 Shepherds Hill
LONDON N6 5AQ
Tel: 08454 500 214
Fax: 020 8341 6807
metanoia@menno.org.uk

Date

Order No

Qty	Author	Title/Publisher	Unit	£ . p

U.K. Postal & Packing Charges (Overseas at cost)

For sub-totals	p & p
Up to £10	£1.50
Between £10 & £30	15%
Over £30	Free

sub-total _____
p & p _____
total _____
credit _____
Due _____

Payment by cheque to: METANOIA BOOK SERVICE

Payment by credit card: Visa/MasterCard/Switch Issue:.....

Card Number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Valid From: __/__ Expiry Date: __/___ Card Security Code: |__|__|__|

Signature:

London Mennonite Trust Registered Charity No 227410

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