



The Lyndon Community

The Lyndon Therapeutic Community
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Lyndon Withdrawal Unit – 10 Year Anniversary! I would like to attend I would like to donate

Name: _____

Business Name (if applicable): _____

Address: _____

City: _____ Postcode: _____

Phone: _____ Please email confirmation to:

Email: _____

Cost: \$80 pp

Number of Tickets: _____ (8 per table). Name of table if applicable: _____ Cost: \$ _____ Total: \$ _____

Cheque attached Credit Card

Name: _____

Card No: _____/_____/_____/_____

Expiry: _____/_____

Signature: _____

Please fax to 02 6361 7400 or mail to The Lyndon Community, PO Box 9374, Orange East NSW 2800