

Expiry date: _____

The name as it appears on the card: _____

The signature of its owner authorizing us
to debit it for the amount indicated above: _____

Mail this form to: Alchemy Mindworks Inc., P.O. Box 500, Beeton,
 Ontario L0G 1A0, Canada. If you're paying by
 credit card, you can FAX it to (905) 936-9502.

□