



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: \_\_\_\_\_

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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.

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