

Charity Dinner Booking Form

I would like to attend

(please tick or indicate number of tickets required)

- \$150 per person x _____ ticket(s)
 \$1500 per table of 10

Attendees:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Name _____
Address _____
P/code _____ Email _____
Phone _____ (Mob) _____

Payment Details (cheque, credit card or direct deposit)

Amount Paid (please complete) \$ _____

Direct Deposit **BSB 336 060 Account No 552500337**

Credit Card (please choose one)

Bankcard Visa Mastercard

Cardholders Name _____

Card No.

Expiry Date _____ Signature _____

A tax invoice will be issued upon receipt of payment

Please send completed form to Fax 08 9409 1067 or PO Box 204 KINGSWAY WA 6065

Make a Difference WA Pty Ltd