

Fundraising Trivia Night

BOOKING FORM

The Lifestart Inner West & Eastern Suburbs Branches.
Send to Attention: Trivia Night, C/- 5 Norman St, Rozelle, 2039
Inner West: Ph 9572 9222

Name/s: _____

Name of table or group organiser: _____

Address: _____ Postcode _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

Full Table _____ Individual Tickets _____

Number of tickets at \$20 per person: _____ Total enclosed: \$ _____

* Bookings will be confirmed via email or phone. Tickets will be mailed to your nominated address.

We cannot attend the event but would like to donate towards the evening.

All donations over \$2:00 are tax deductible. Some examples of how a donation is used: \$50 will give one child a speech therapy session, \$100 will buy specialist toys and equipment, \$250 will provide one weekly play group for 10-15 families, \$1000 will send 2 parents on a communication course.

My donation of \$ _____ is enclosed

PAYMENTS

Cheque to: Lifestart Co-operative Ltd & send to Trivia Night C/- 5 Norman St, Rozelle, 2039

Credit Card - Amount: \$ _____

AMEX Visa Mastercard

Card Number: _____ / _____ / _____ / _____ Exp. Date: ____ / ____

Card Holder's Name: _____

Card Holder's Signature: _____