

Yes, I would like to attend The Life Support Grand Prix Cocktail Party.

Please book _____ tickets at \$75 each

Total amount payable: \$ _____

Name: 1. _____

2. _____

Address: _____

Company: _____

Company address: _____

Phone: _____

Fax: _____

Email: _____

My cheque is enclosed

Please make cheques payable to The Alfred Foundation.

or

Debit my credit card

Visa Mastercard Diners Amex

Name of card holder: _____

Card No: _____

Expiry Date: _____

Signature: _____

I am unable to attend but would like to give a donation to support trauma care at The Alfred.

RSVP: Friday 19 March, 2010

Tel: (03) 9076 3222

Email: c.leverett@alfred.org.au



This document will be a Tax Invoice for GST purposes upon receipt of payment. Bayside Health Services ABN 27 318 956 319

If you do not wish to receive further communications from us, please send us your request together with your name and address to PO. Box 2021 Prahran VIC 3181