



BOOKING FORM



2019 Butterfly Ball

- I would like to purchase a general table of 10 @ \$2,000
- I would like to purchase a VIP table of 10 @ \$3,000
- I would like to purchase _____ general ticket/s @ \$200 each
- I would like to purchase _____ VIP ticket/s @ \$300 each
- I would like to sponsor _____ table/s @ \$500 + GST each
- I am unable to attend but I would like to make a tax deductible donation of
 - \$100 \$200 \$500 Other \$ _____

Name _____

Company name (if relevant) _____

Address _____

Suburb _____ State _____ Postcode _____

Phone _____ Mobile _____

Email _____

Please find enclosed my cheque/money order for \$ _____ made out to RBWH Foundation

Please charge \$ _____ (being full payment) to my credit card

Visa Mastercard Amex Expiry / CCV

Card number

Cardholder name _____

Cardholder signature _____

To complete your booking, return this form to RBWH Foundation.
 Mail: PO Box 94, Royal Brisbane & Women's Hospital, Q, 4029 Fax: 07 3646 1768
 Email: info@rbwhfoundation.com.au For event enquiries call 07 3646 7588

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