

I would like to attend Arrow's
Cocktails for a Cure 2009

Title.....Given name.....Surname.....
 Organisation (if attending on behalf of an organisation).....
 Phone.....Email address.....
 Postal Address.....Suburb.....State.....Postcode.....

Additional guest name(s) & contact details	
1.	6.
2.	7.
3.	8.
4.	9.
5.	Total cost at \$75pp:

*Please note: Unfortunately we are unable to cater for individual dietary requirements; hot and cold canapés will be served on the evening.
 Tickets will not be mailed.*

- My cheque/money order is enclosed
- Please charge my credit card:
 - MasterCard
 - Visa
 - American Express

Credit Card Number:

Name on Card: Expiry Date:/...../.....

Cardholder's signature: Date:/...../.....

Send or fax this form and payment to:

Fax: 9360 7975
Post: Arrow Bone Marrow Transplant Foundation
 16 Leichhardt St
 Darlinghurst NSW 2010

Information & Privacy Policy:

Your information will be used by Arrow for the purpose of data processing, receipting of donations and to keep you informed of our programs and services.

If you do not wish to receive any future correspondence from Arrow please tick this box