

# SAN RELIEF FUNDRAISING DINNER

Streams Café  
28 February 2012 at 7pm  
www.escc.co.za

## TICKET ORDER & PAYMENT FORM

Please complete the information below and return this form to 086 668 9633

Name: .....

Number of tickets required: ..... @ R250 each = R..... total

### CREDIT CARD PAYMENT AUTHORISATION:

I hereby authorise Streams Café to debit an amount of R....., from my credit card in payment of the above tickets.

NAME OF BANK: .....

TYPE OF CARD:      MASTER                    VISA     (Amex and Diners Club not accepted)

STRAIGHT:                                              BUDGET:        6 Months      12 Months      18 Months

CREDIT CARD NO: .....

EXPIRY DATE: .....     LAST 3 DIGITS ON THE BACK OF THE CARD: .....

CARDHOLDER NAME AS IT APPEARS ON CREDIT CARD: .....

CARDHOLDER RSA ID NUMBER: .....

BILLING ADDRESS OF CARD HOLDER: .....

DAYTIME TELEPHONE NUMBER OF CARD HOLDER:.....

CELLPHONE NUMBER OF CARDHOLDER: .....

EMAIL ADDRESS OF CARDHOLDER: .....

SIGNATURE: (CARD HOLDER) .....     DATE: .....

### FOR OFFICE USE:

TICKET NUMBERS ISSUED: .....