



# Fight Cancer<sup>TM</sup> Lipstick Breakfast BOOKING FORM

Complete details and email, fax or mail back to:  
Bone Marrow Donor Institute  
Locked Bag AAA CARLTON SOUTH Vic 3053  
Ph. 03 9342 7888 Fax. 03 9342 7842  
Email. [sophia.elliott@bmdi.org.au](mailto:sophia.elliott@bmdi.org.au)

I would like to purchase:

- Table of 10 @ \$700**  
 **Tickets @ \$70 each**

I will not be attending but would like to make a tax deductible donation of

\$

Company Name:

Contact Name:

Address:

Suburb:

Post Code:

Phone:

Mobile:

Email:

Please find enclosed cheque/money order  
payable to the Bone Marrow Donor Institute

\$

Please debit my  Diners Club  Amex  
 Mastercard  Visa

\$

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

Card Holder's Name:

Signature:

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