

# Fashion Extravaganza

*Karlie Jay*

*...from fluid and feminine fashions, to goddess glamour ...*



Leukaemia  
Foundation  
RISKY TO EYES  
NEEDN XP CARB

## CREDIT CARD PAYMENT ADVICE

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

(Tickets will be posted)

\_\_\_\_\_

Cardholders Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Please write clearly)

Credit Card Type (please Circle)

MasterCard

Amex

Visa

Diners

Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Number of People \_\_\_\_\_

Amount

@ \_\_\_\_\_ \$70 per person \_\_\_\_\_

Total \$ \_\_\_\_\_

Signature: \_\_\_\_\_

(This Credit Card Charge will show as "Leukaemia Foundation" on your statement)

OFFICE USE ONLY

Table Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Tickets Posted - Date: \_\_\_\_\_