



On behalf of ACMA Foundation and
ACMA, we have the pleasure of
inviting you and your partner to join
us for our upcoming Foundation Winter Blanket Appeal Dinner.

Individual Tickets:

\$98 per person

Registration

Name of Guests _____ and _____

Dietary Requirements _____ / _____

Email :(Essential)..... Total \$.....

Mobile Number

Table of 10 – Please phone the Secretariat to pay on 8361 0105.

PAYMENT

☐

Visa

☐

MasterCard.

DETAILS HAVE TO BE ACCURATE PLEASE

Cardholder's Name: **Signature:**

CVV

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Expiry Date:/.....

Amount \$

CARD NUMBER

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Email: this form to
hallanson@amasa.org.au
Phone: 08 8361 0105
Fax: 08 8267 5349

