

Operation Smile Winter Ball

Thursday 19th December 2009 at 7pm
Royal Hospital, Chelsea

Ticket Booking

Name:

Address:

Postcode:

Telephone:

Mobile:

Email:

No of Tables of 10 required (at £2,000 per table)

No of Individual Tickets required (at £200 each) for’s table

I would like to pay by:

- Cheque** (please make payable to Operation Smile UK)
- Credit/Debit Card**

Please debit £ from my Delta/Visa/Mastercard/Amex/Maestro Card (please circle)

Card No:

Start Date: / Expiry Date: /

Security Code: (last 3 digits on reverse) Issue No: (Maestro only)

Name as it appears on card:

Signature:

- Invoice** (please send me an invoice to the above address)
- Phone** If you would prefer to make the payment by phone, please call the office on 0844 581 1110

Please reply to:

Operation Smile Winter Ball, 4th Floor Horatio House, 77 Fulham Palace Road, London W6 8JA

For further information please contact Kate McKeand on 0844 581 1110 or info@operationsmile.org.uk

Donations – I am unable to attend but would like to make a donation of £



Make every pound worth 28% more to Operation Smile, at no extra cost to you. Simply complete your details above and ticket this gift aid declaration. I am a UK taxpayer and I will all donations I make from the date of this declaration to be tax effective under the Gift Aid scheme. I confirm that what I pay in income or Capital gains Tax is equal to, or more than, what Operation Smile will claim.
 PLEASE COMPLETE YOUR NAME AND **HOME** ADDRESS ABOVE otherwise we will be unable to claim your Gift Aid