



# FRED LIUZZI FOUNDATION

## Payment Form Annual Golf Event

Date.....

Name.....

Address.....

Email.....Contact Number.....

Group Name.....

Names of the Group Members plus the person filling out this form:

Name	Handicap	Dietary requirements	Email address
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1.....

2.....

3.....

4.....

Please tick preferred package

**Corporate Hole Sponsorship – includes foursome for Golf, Lunch, Dinner and Hole Signage \$3000 (Tax Deductible)**

Please find attached \$.....by cheque

Please deduct from Credit Card \$.....

MasterCard      Visa      Amex (surge charge 3%)

Card Number .....

Expiry.....CCV.....

Name on card.....

Signature Verified by .....

EFT Payment Option

Bank Account BSB 033 396 ACC 274 884      \$.....