

**BRENDAN GRACE LAUGHTER LUNCH  
IN AID OF  
THE JACK & JILL CHILDREN'S FOUNDATION**

**BOOKING FORM**

**Date:** Friday 11<sup>th</sup> December, 2009  
**Venue:** The Four Seasons Hotel

**NAME:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**PAYMENT OPTIONS:**

**(Tickets €100 each, tables of 8/10/12 available)**

A. I enclose cheque for €\_\_\_\_\_ made payable to The Jack & Jill Children's Foundation

B. My Credit Card Details are:

Name & Address \_\_\_\_\_  
(of Cardholder) \_\_\_\_\_

Credit Card Type: Visa or Mastercard (please tick)

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CVV No. \_\_\_\_\_

Amount to Debit: \_\_\_\_\_

**To Reserve a Table please return this Booking Form ASAP by:**

**FAX: 01-2787217**

**POST: The Jack & Jill Foundation  
c/o 35 Coppinger Glade  
Stillorgan  
Co. Dublin.**

**For further information please phone 086-7819762  
or Email: [jackiafter@gmail.com](mailto:jackiafter@gmail.com)**