



GEORGE THOMAS HOSPICE CARE
BOOKING FORM

Event:

Date:

I/We wish to support the vital work of George Thomas Hospice Care by attending the

1. Please reserve ticket(s) at £ each.

Please find enclosed a total remittance of £
(Cheques to be made payable to: George Thomas Memorial Trust Limited)

Any special dietary requirements: Yes/No

Details:-

.....
.....

I / We cannot attend this event but wish to make a donation of £ which is enclosed.

I/We wish to donate a raffle prize of

Signed

Name

Company

Address

.....

Telephone No

E Mail

Please return to: The Administrative Officer, George Thomas Hospice Care, Ty George Thomas, Whitchurch Hospital Grounds, Park Road, Whitchurch, Cardiff CF14 7BF