



**WEDDING & HONEYMOON CONTRIBUTION FORM
FOR MR PAUL BARR & MISS LORNA NOWLAND**

| | | | | | | | | | | | | |
|---|--|-----------|--|----------|---------|--|--|--|--|-----------|--|------|
| <p align="center">If you would like to make a contribution to the cost of Paul & Lorna's Wedding/Honeymoon arrangements, please complete the form below. We will send you an acknowledgement of your payment and will let Paul & Lorna know about your gift to them.</p> | | | | | | | | | | | | |
| YOUR NAME: | | | | | | | | | | | | |
| TITLE: | | 1ST NAME: | | SURNAME: | | | | | | | | |
| ADDRESS FOR CORRESPONDENCE: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | POSTCODE: | | |
| DAYTIME TEL: | | | | | MOBILE: | | | | | | | |
| E-MAIL*: | | | | | FAX: | | | | | | | |
| NB: IF YOU PROVIDE US WITH AN E-MAIL ADDRESS, WE WILL USE THIS FOR MOST CORRESPONDENCE | | | | | | | | | | | | |
| PLEASE GIVE THE NAMES OF ANY OTHER PEOPLE ON WHOSE BEHALF YOU ARE MAKING THIS DONATION: | | | | | | | | | | | | |
| TITLE: | | 1ST NAME: | | SURNAME: | | | | | | | | |
| TITLE: | | 1ST NAME: | | SURNAME: | | | | | | | | |
| TITLE: | | 1ST NAME: | | SURNAME: | | | | | | | | |
| TITLE: | | 1ST NAME: | | SURNAME: | | | | | | | | |
| DO YOU HAVE A SPECIFIC MESSAGE THAT YOU WOULD LIKE PASSED ON WITH YOUR GIFT? | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| I/WE WISH TO MAKE A DONATION TO THE COST OF PAUL & LORNA'S WEDDING/HONEYMOON ARRANGEMENTS. I/WE UNDERSTAND THAT THE FULL VALUE OF THIS GIFT WILL BE PASSED ON TO PAUL & LORNA (see below): | | | | | | | | | | | | |
| I ENCLOSE A CHEQUE PAYABLE TO GREAT EXPERIENCE TRAVEL: | | | | | | | | | | £ | | |
| PLEASE DEBIT MY VISA or MASTERCARD CREDIT/DEBIT CARD: | | | | | | | | | | £ | | |
| | | | | | | | | | | | | EXP: |
| SECURITY CODE (LAST 3 NUMBERS ON STRIP ON BACK OF CARD) | | | | | | | | | | | | |
| PLEASE NOTE THAT IF YOU PAY BY CREDIT CARD A 2% PROCESSING CHARGE WILL BE ADDED TO THE DEBIT AMOUNT. THIS AMOUNT WILL NOT BE PASSED ON TO PAUL & LORNA | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| SIGNED: | | | | | DATE: | | | | | | | |
| NAME: | | | | | | | | | | | | |
| <p align="center">PLEASE RETURN THE COMPLETED FORM TO US BY FAX OR POST: GREAT EXPERIENCE TRAVEL, WATERLOO WALK, HIGH STREET, WITNEY, OXON, OX28 6EU. Tel: 0845 217 8284 Fax: 0845 219 0679 E-mail: greatexpericetravel@tarsc.net</p> | | | | | | | | | | | | |



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