



**WEDDING & HONEYMOON CONTRIBUTION FORM  
FOR MR STUART NORTH & MISS VICI COLLOFF**

|  |  |           |  |          |         |  |  |  |  |           |  |      |
|--|--|-----------|--|----------|---------|--|--|--|--|-----------|--|------|
| <p align="center">If you would like to make a contribution to the cost of Stuart and Vici's Wedding/Honeymoon arrangements, please complete the form below. We will send you an acknowledgement of your payment and will let Stuart and Vici 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?   |  |           |  |          |         |  |  |  |  |           |  |      |
|  |  |           |  |          |         |  |  |  |  |           |  |      |
|  |  |           |  |          |         |  |  |  |  |           |  |      |
|  |  |           |  |          |         |  |  |  |  |           |  |      |
| I/WE WISH TO MAKE A DONATION TO THE COST OF STUART AND VICI'S WEDDING/HONEYMOON ARRANGEMENTS. I/WE UNDERSTAND THAT THE FULL VALUE OF THIS GIFT WILL BE PASSED ON TO STUART AND VICI (see below):   |  |           |  |          |         |  |  |  |  |           |  |      |
| I ENCLOSE A CHEQUE PAYABLE TO <b>GREAT EXPERIENCE TRAVEL:</b>  |  |           |  |          |         |  |  |  |  | £         |  |      |
| PLEASE DEBIT MY <b>VISA</b> or <b>MASTERCARD</b> 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 STUART AND VICI  |  |           |  |          |         |  |  |  |  |           |  |      |
|  |  |           |  |          |         |  |  |  |  |           |  |      |
| SIGNED:  |  |           |  |          | DATE:   |  |  |  |  |           |  |      |
| NAME:  |  |           |  |          |         |  |  |  |  |           |  |      |
| <p align="center"><b>PLEASE RETURN THE COMPLETED FORM TO US BY FAX OR POST:<br/>GREAT EXPERIENCE TRAVEL, WATERLOO WALK, HIGH STREET, WITNEY, OXON, OX28 6EU.<br/>Tel: 0845 217 8284 Fax: 0845 219 0679 E-mail: greatexperiencetravel@tarsc.net</b></p>                         |  |           |  |          |         |  |  |  |  |           |  |      |



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