

# Butterfly BALL

MONACO

caudwell  
children  
Changing Children's Lives

Saturday 26th September 2020

## 01 CONTACT DETAILS

FIRST NAME(S):

SURNAME:

ADDRESS:

DAYTIME TEL:

JOB TITLE:

EMAIL:

COMPANY:

If you would like to hear more about our services, latest news, campaigns and how you can support our life changing work, let us know. You can update your preferences anytime.

Yes please, I'd like to hear from Caudwell Children by email (tick box).

PLEASE USE THE ABOVE ADDRESS FOR:

Ticket Delivery

Invitations

Billing

## 02 TICKETS & TABLES

V.I.P

GOLD

TICKET

€1,500

QTY:

TICKET

€1,000

QTY:

TABLE (8 GUESTS)

€10,000

QTY:

TABLE (10 GUESTS)

€8,000

QTY:

## 03 ADVERTISING, SPONSORSHIP & DONATIONS

FULL PAGE

HALF PAGE

FULL PAGE

€500

QTY:

HALF PAGE

€300

QTY:

SPONSORSHIP

PACKAGE NAME:

TOTAL:

I am unable to attend The Butterfly Ball Monaco but would like to make a donation for Caudwell Children of €

*giftaid it*

SIGNATURE:

*By signing this form, I confirm that I am authorised to enter into contracts on behalf of the above named person or company.*

## 04 PAYMENT

A. Payment by BACS transfer: Euro Bank account. Sort Code: 203650 Account No: 74185822  
IBAN: GB46 BARC 20365074185822 SWIFT/BIC: BARCGB22 Swift: BARCGB22

Full payment is required upon booking. Any cancellations made after **31st August 2020** are non-refundable. By completing and submitting this booking form you are making an offer to Caudwell Children. Please be aware that photographers will be present at the event and images/videos will be used for future Caudwell Children promotional material.

B. Payment by invoice requested (please tick):

Invoice in the name of:

C. Payment by credit/debit card

NAME ON CARD:

CARD NUMBER:

VALID FROM:

/

EXPIRES:

/

CVV:

CARD TYPE:

AMEX

Switch

Maestro

Mastercard

Visa

SIGNATURE:

*By signing this form, I confirm that I am authorised to enter into contracts with Caudwell Children.*

RETURN COMPLETED FORM TO:

EVENTS@CAUDWELLCHILDREN.COM OR CAUDWELL INTERNATIONAL CHILDREN'S CENTRE, KEELE  
SCIENCE & INNOVATION PARK, INNOVATION WAY, NEWCASTLE-UNDER-LYME, ST5 5NT

*\* If I have ticked the box headed 'Gift Aid?' I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Caudwell Children to reclaim tax on the donation detailed above, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and CASCs I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand Caudwell Children will reclaim 25p of tax on every £1 that I have given. Remember: Full name, Home address and Postcode.*

Tel: 01782 433 755 | Fax: 01782 600 639 | Company no. 3864620 | RCN 1079770 | SC 043874