



Gift Voucher Purchase

TODAYS DATE _____ FIRST NAME of PURCHASER _____

SURNAME of PURCHASER _____

OR Company Name _____

Phone of PURCHASER _____ or MOBILE _____

PURCHASERS ADDRESS (TO SEND RECEIPT TO) _____

VOUCHER AMOUNT \$ _____ VOUCHER NUMBER _____ **(OFFICE USE ONLY)**

TO BE MADE OUT TO _____

POSTAL ADDRESS _____

FROM _____

I / We hereby authorise **VENICE PTY LTD trading as The Point Albert Park**, to charge

American Express Diners

Visa MasterCard

Bankcard

Card Number _____

Expiry Date _____

Card Holder (Please Print) _____

OR PAID IN **CASH** **EFTPOS**

(only applies if collecting the voucher from The Point in person. If voucher is not being collected in person from The Point, please allow a charge of \$3.40 for registered post.)

SIGNATURE _____ DATE _____

THE POINT

Aquatic Drive T 03 9682 5566
Albert Park Lake F 03 9682 5577
VIC 3206 Australia E enquiries@thepointalbertpark.com.au