



## WISHLIST EQUIPMENT SPONSOR FORM

Equipment: \_\_\_\_\_

Hospital : \_\_\_\_\_ Total amount: \$ \_\_\_\_\_

Company (if required for receipt): \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### Methods of Payment:

- ELECTRONIC PAYMENT

BSB: 082 074  
Account: 590 448 461  
The George Gregan Foundation  
ABN: 81 938 849 292  
Bank: NAB  
Description: Donation

- Please find enclosed a CHEQUE | MONEY ORDER for \$ \_\_\_\_\_  
Payable to: The George Gregan Foundation

- CREDIT CARD

Please debit \$ \_\_\_\_\_ Bankcard | MasterCard | Visa | Amex

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ Authorisation Number: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

All donations over \$2.00 are tax deductible. An official receipt will be issued upon processing.

**The George Gregan Foundation ABN 81938849292 GPO Box 873 Sydney NSW 2001**

**T: 1300 306 608 E: [office@georgegreganfoundation.com.au](mailto:office@georgegreganfoundation.com.au)**