

WISHES DO COME TRUE

I WOULD LIKE TO HELP FULFIL A WISH

Please complete this form
and either fax, email or mail to St. Edmund's.
Fax: 9489 0069
Email: turner@stedmunds.nsw.edu.au
Mail: PO Box 582, Wahroonga 2076



MY WISH ITEM NUMBER _____

I would like to Wish this item completely - My Wish totals \$ _____

I would like to make a contribution towards this Wish - My contribution is \$ _____

I have access to this Wish which may help in its purchase –
My details are below where I can be contacted.

My Wish will be made by **Cheque Cash or Credit card.**

Don't forget to complete your details below to ensure we can send you your tax deductible receipt.

Name: (Mr/Mrs/Ms/Miss/Dr) _____

Address: _____ Postcode: _____

My phone number for discussion about access to this Wish _____

Please charge my: Bankcard Mastercard Visa Expiry Date: ____/____

Card No: _ _ _ _ _ _ _ _ _ _

Name on Card: _____ Signature: _____

Alternatively donations can be made at any time by **Bank Deposit** at any branch of the Commonwealth Bank or **Electronic Transfer** using the details below:

Bank: Commonwealth Bank of Australia
BSB: 062 264 Account: 1015 2877
Account Name: St. Edmund's Gift Account

Please use your name as the deposit reference/description

To ensure we send you a tax deductible receipt for your electronic transfer or deposit, we would be grateful if you could email your contact details to turner@stedmunds.nsw.edu.au.

Thank you