

We Care

Workplace Giving Donation Form

Surname _____ Given Name _____

Please choose the amount you would like to donate from your pre-tax pay each month.
Which charity/charities would you like to support? Please advise donation amount per month.
You may choose multiple charities or spread your donation across all.

National Partners (Will be matched dollar for dollar by WK):

Cancer Council \$ _____ monthly Make a Wish \$ _____ monthly

Beyond Blue \$ _____ monthly Oz Harvest \$ _____ monthly

OR Please spread my donation of \$ _____ monthly across all 4 national partners

Local Partners (Not company matched):

Wayside Chapel (Syd) \$ _____ monthly

Anglicare Lazarus Breakfast Program (Melb) \$ _____ monthly

Friends of the Helmeted Honeyeaters (Melb) \$ _____ monthly

Would you like to give to another charity (not listed) through Workplace Giving?

Charity Name* _____ Monthly Amount \$ _____

*Charities must be registered with the ATO, you must supply payment details of the charity to payroll.

Signature of Member _____ Date _____

Employee Giving

I give



It costs me \$3.50*



... but the charity receives



Matched Giving

I give



It costs me \$3.50*



My employer matches



... so the charity receives

