



Insert your company details below

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RSPCA ACT
12 Kirkpatrick Street
Weston Creek ACT 2611
www.rspca-act.org.au
Ph: (02) 6287 8100
Fax: (02) 6288 3184

Employee Workplace Giving Application Form

This form is to be completed by the individual employee who wishes to participate in the Workplace Giving program. This form is to be given to the employee's company payroll/finance department for processing.

| Yes, I would like to join the Pre-Tax, Workplace Giving program to donate funds to RSPCA ACT | |
|--|--------------------------|
| I authorise _____ to make the following pre-tax donations from my pay in each pay period. The pay period being weekly/fortnightly/monthly. (Please circle the appropriate option) | |
| I request that my donation(s) be distributed to the following charity as follows: | |
| CHARITY | PRE-TAX DOLLAR AMOUNT \$ |
| RSPCA ACT | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total amount to be deducted from each pre-tax pay | \$ |

I understand that deductions will commence from the first available pay date after my payroll/finance department receives this authorisation. This authority cancels all other previous Workplace Giving authorities. My donations may be stopped at any time by writing directly to my own company's payroll/finance department.

Note: Your chosen charity must be eligible to receive tax-deductable donations.

| YOUR DETAILS | |
|--|----------------|
| Name: | Contact phone: |
| Position: | Contact fax: |
| Employee Number: (if applicable) | |
| Work Address: | |
| Suburb/City: | Postcode: |
| Home Address: | |
| Suburb/City: | Postcode: |
| Email: | |
| DONOR DETAILS to be given to the charities (please indicate <input checked="" type="checkbox"/> which is applicable) | |
| <input type="checkbox"/> Please let my nominated charity(s) know my name and contact details. | |
| <input type="checkbox"/> Please do NOT let my nominated charity(s) know my name and contact details. I prefer my donation to remain anonymous. | |
| AUTHORITY | |
| Signature: | Date: |

Company office use only

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|------------------------|-------------------|
| Form received on date: | Form received by: |
|------------------------|-------------------|