

Please complete and give this form to your payroll department. If your Workplace Giving program is administered by a third party organisation, please follow the process outlined by that organisation. This form is for organisations that do not have a third party involved in the Workplace Giving process.

Personal Details

Name: _____

Company: _____

Employee Number: _____

Work Email: _____

Confirm Email: _____

Mobile Phone: _____

Residential Address: _____

Workplace Giving Pledge Amount

I would like to donate the following amount (from my pre-tax pay) each pay period:

☐ \$50 ☐ \$30 ☐ \$20 ☐ \$10 ☐ My Choice \$ _____

Pay period frequency: ☐ Monthly ☐ Fortnightly ☐ Weekly

Please deduct this amount from my pre-tax pay and transmit to Miracle Babies Foundation. I understand deductions will be made from my pre-tax pay, so that i will receive the tax benefit immediately. A summary of all payroll donations will show on my annual PAYG Payment Summary issued at the end of each financial year.

Signature of Employee: _____ Date: _____

Payroll Signature/ Authorisation: _____ Date: _____

Thank you for your kind support!

Keep in touch! Miracle Babies Foundation would like to keep you up to date on our vital work from time to time. If you do not wish to receive these communications, please tick this box. ☐

Payroll Office

Please send a copy of this form to accounts@miraclebabies.org.au

Transfer funds via direct deposit to:

Bank: **Commonwealth Bank**

Account Name: **Miracle Babies Foundation**

BSB: **062-000**

Account Number: **1499 0320**

Reference: *Your company name - plus WPG e.g. 'Alpha Co - WPG'*

Any questions? Please call the Miracle Babies Head Office on 02 9724 8999 or email info@miraclebabies.org.au