

Workplace Giving Scheme

This is a digital form. Please fill it out on screen and email to payroll@anglicands.org.au

► Staff Contact Details

Name: _____

Work Email: _____

Phone or Ext: _____

Office Location/ Team: _____

► Workplace Giving Details

Yes, I would like to donate to Anglicare through the Workplace Giving Scheme.

I would like to donate \$ _____

every fortnight

as a one-off donation

If a reoccurring donation,

commencing in the next pay fortnight

commencing on _____ (DD/MM/YYYY)

I understand that I can change or cease this donation at any time by contacting payroll via payroll@anglicands.org.au or (02) 6245 7146

► Signed

Employee Signature: _____

Date: _____

Have questions about Anglicare's Workplace Giving Scheme? Contact:

Kate Jennings
Manager, Donor Engagement
(02) 6278 8404
kate.jennings@anglicare.com.au

Payroll
(02) 6245 7101
payroll@anglicands.org.au

