

Workplace Giving Authorisation Form



Yes, I would like to donate to **Animal Welfare League NSW** via workplace giving. I understand that my donation will be deducted from the first available pay period after receipt of authorisation.

Company Details:

Company Name / Employer: _____

Dpt / Team/ Unit : _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Tel: _____ Fax: _____

Website _____

Contact Person: _____

Personal Details:

Full Name: _____

Email: _____

Phone / Extension: _____ Employee Payroll No. _____

Donation Details:

Please deduct the following amount from my salary to Animal Welfare League NSW each pay period;

\$5 \$10 \$20 \$30 \$50 **Other Amount:** _____

Signature: _____ Date: _____



Thank you

Animal Welfare League NSW
ABN 67 474 706 447 CFN 10416
Donations of \$2 and over are tax deductible

Animal Welfare League NSW protects your data and security carefully. We will only collect personal information about you if you knowingly provide it and it will never be released to a third party without your consent.

Please return your completed form to:

Animal Welfare League NSW
Business Development Team
PO Box 137
North Ryde NSW 1670

Email: marketing@awlsw.com.au

Fax: 02 8899 3344

**For more information please call
us on 02 8899 3333**