

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. The donation may be stopped at any time by writing directly to the employee's own company's payroll/finance department.

Yes, I would like to join the Pre-Tax, Workplace Giving program to donate funds to Toora Women Inc. I authorise to make the following pre-tax donations from my pay in each pay period and send to Toora Women Inc. who is an approved Deductible Gift Recipient (DGR) Charity.

- \$ 5
 \$ 15
 \$ 25
 \$ 50
 \$ 10
 Other Amount \$ _____

Personal details	
Full Name	
Company	
Position	
Employee Payroll Number	
Postal address	
	Postcode
Email address	
Phone contact number	

DONOR DETAILS

- Please let Toora Women Inc. know my name and contact details.
 Please do NOT let Toora Women Inc. know my name and contact details. I prefer my donation to remain anonymous.



Signature: _____

Date:

