



## Workplace Giving Registration Form

**YES!** I want to donate to UnitingCare Wesley Adelaide Inc

Please deduct the following amount from my gross pre-tax pay each pay period:

\$10       \$20       \$30       \$50       Other \$\_\_\_\_\_

### My Details

Mr       Mrs       Miss       Ms       Other\_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mob \_\_\_\_\_

Email: \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Employee ID \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I would like to receive UnitingCare Wesley Adelaide    Appeal letters     Newsletters   

### To start Workplace giving:

- Complete this registration form.
- Send it to your pay office with UnitingCare Wesley Adelaide bank account details
- Forward a copy of this form to:

UnitingCare Wesley Adelaide Inc  
Fundraising and Promotions  
GPO Box 2534  
ADELAIDE SA 5001

Fax: (08) 8202 5842