WORKPLACE GIVING TO SOS HEALTH FOUNDATION

I would like to participate in Workplace Giving to support the work of SOS Health Foundation.

Payroll Details

Name ……

Amount: $	Pay cycle: weekly ☐ fortnightly ☐ monthly ☐

SOS Health Foundation Bank Details

Bank: Westpac	BSB: 033-372
Account Name: SOS Health Foundation	Account No: 38-8334

Approval and Declaration

I authorise my Employer …… to implement the Workplace Giving arrangements stated above from the next available pay and until further notice. I understand the workplace giving deductions will be made from my pre-tax pay, so I will receive the benefit immediately. I understand that once a deduction is made it cannot be recovered. I acknowledge that donations made under this arrangement are made voluntarily and unconditionally.

Signature …… Date ……

Level 1, East Building, 327-333 Police Rd, Mulgrave VIC 3170
PO Box 1220 Waverley Gardens, VIC 3170

1300 859 451 1300 859 452 info@soshealth.org.au soshealth.org.au

ABN: 53 138 850 209