



Pearce Community Centre  
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 PEARCE ACT 2607  
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## 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.

<b>I would like to join the Pre-Tax, Workplace Giving program to donate funds to BOSOM BUDDIES ACT INC.</b>	
I authorize..... to make the following pre-tax donations from my pay in each pay period weekly / fortnightly / monthly. <b>(Please circle the appropriate option).</b> I request that my donation be distributed to:	
<b>CHARITY</b> <i>(Your charity must be eligible to receive tax-deductible donations)</i>	<b>PRE-TAX DOLLAR AMOUNT \$</b>
<b>Bosom Buddies ACT Inc.</b> BSB: 325 185 / Account: 0331 2855	\$
<b>Total amount to be deducted from each pre-tax pay</b>	\$

I understand that deductions will commence from the first available pay date after my payroll/finance department receives this authorisation. This authority cancels all other previous Workplace Giving authorities. My donations may be stopped at any time by writing directly to my own company's payroll/finance department.

<b>YOUR DETAILS</b>	
Name:	Contact phone:
Position:	Employee Number:
<b>Work Address:</b>	
Suburb/City:	Postcode:
<b>Home Address:</b>	
Suburb/City:	Postcode:
Email:	
<b>DONOR DETAILS to be given to the charities (please indicate <input type="checkbox"/> which is applicable)</b>	
<input type="checkbox"/> Please let my nominated charity know my name and contact details.	
<input type="checkbox"/> Please do NOT let my nominated charity know my name and contact details. I prefer to remain anonymous.	
<b>AUTHORITY</b>	
Signature:	Date:
Company office use only Form received on date:	Form received by: