



NDCH

WORKPLACE GIVING AUTHORISATION FORM

REGISTER FOR WORKPLACE GIVING

IT COULDN'T BE EASIER

To authorise regular donations from your pay to Northern District Community Health (NDCH) please complete the form below.

Please give this form to your Payroll Manager and send a copy to NDCH at charity@ndch.org.au or 24 Fitzroy Street, Kerang, 3579.

Yes!

I would like to make a positive difference to the health and wellbeing of NDCH clients and donate to NDCH through Workplace Giving. Please deduct the amount indicated below from each pay period.

I understand that my donation will be deducted from the first available pay period after receipt of this authorisation.

I would like to donate the following amount each pay period to Northern District Community Health:

\$10 \$20 \$40 Other: _____

Personal Details:

First name: _____ Last Name: _____

Company name: _____ Employee ID: _____

Work phone: _____ Mobile: _____

Work email: _____

Personal email: _____

Signature: _____ Date: _____

I do not wish to receive any updates about how my contribution is helping to make a difference. For more information on how NDCH uses donation funds, please visit www.ndch.org.au/donations

Information and privacy: All personal information you provide is for the purpose of allowing NDCH to service your request. It will not be misused in any way or disclosed to a third party.

FOR MORE INFORMATION, CONTACT NDCH.

NDCH—Your first port of call in the pursuit of good health

www.ndch.org.au

Phone: 03—5451 0200 Email: charity@ndch.org.au