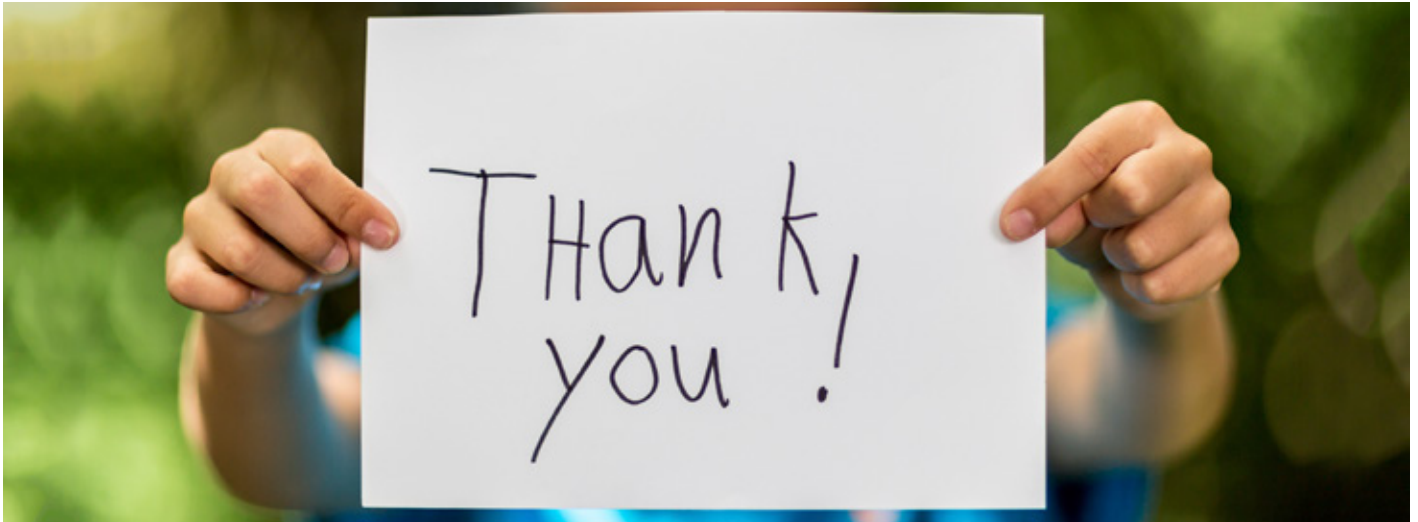


# Sign up to Melbourne City Mission's Workplace Giving program and help make a difference.



## Wishing Well

### Contribution Form



Please complete the form on this flyer, specifying the amount you wish to donate (minimum donation per fortnight is \$3). This amount will be deducted from your salary or wages each payday.

When complete, please submit this form to your employer or charity partnership manager.

Please tick to receive regular information about when wishes are granted.

Privacy: Melbourne City Mission complies with the Privacy and Personal Information Protection Act 1998. The provision of this information is voluntary. Your personal information will be securely stored.

If you would like more information on Workplace Giving, visit the Australian Taxation Office website at [www.ato.gov.au](http://www.ato.gov.au).

I, \_\_\_\_\_

Authorise my employer to deduct the following amount from my salary and be direct deposited to Melbourne City Mission each pay cycle:

\$ \_\_\_\_\_

Organisation: \_\_\_\_\_

ABN: \_\_\_\_\_

Payroll Contact: \_\_\_\_\_

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

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

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

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

Payroll Number: \_\_\_\_\_

Please commence payments on my behalf beginning the next pay day. Any change and authority will be made in writing.

Signature: \_\_\_\_\_