

WORKPLACE GIVING FORM



Employee Name: _____

Employee Number: _____

Div / Ward / Dept: _____

Charitable Donations

All deductions will commence from the next available pay day after receipt of this form. The minimum deduction per fortnight is \$2.

I wish to support the following charity / charities (please tick)

1. Epworth Medical Foundation
2. Epworth Research Institute
3. Make A Wish Foundation
4. Beyond Blue
5. Lort Smith Animal Hospital
6. Médecins Sans Frontières
7. Red Cross

A. With a ONE-OFF sum of \$ _____

OR

B. With a FORTNIGHTLY sum of \$ _____

Taxation Information

Donations will be facilitated as a "pre tax" salary packaged amount so that you will receive the tax benefit immediately. In order for this tax benefit to be reflected correctly when you lodge your Income Tax Return, you must *disclose* the donation when you submit your Tax Return under Gifts and Donations. This information is shown on your Payment Summary which you will receive in July each year.

Approval and Residual Benefit Declaration

I authorise the Epworth Foundation to pay donation(s) to the above charity/charities on my behalf and I understand that my gross salary will be reduced by the associated amounts.

I declare that the facility to salary package a donation to the charity nominated above was provided by my employer and the benefit was used by me to provide philanthropic support to the charity/charities nominated above.

Signature of Employee: _____

Date: _____