



DONATION FORM – Workplace Giving Authority Form

Please complete the details below and return to your payroll manager.

PERSONAL DETAILS (for receipt purposes)

Title: Miss Ms Mrs Mr Dr Prof Other

First Name: Last Name:

Address:

Town/Suburb: State: Postcode:

Phone (BH): Phone (AH):

Fax: Mobile:

Email:

DONATION DETAIL

I would like to donate the following amount to Kolling Foundation each pay period:

Gift amount: \$

Donate to: **Area of greatest need**, OR
 Other (please specify):

Signature: Date:

PAYROLL DETAILS (to be completed by your payroll)

Company Name:

Payroll Contact Name:

Company Address:

Town/Suburb: State: Postcode:

Phone (BH): Fax:

Email:

Employee Payroll Number:

Contribution Frequency: Weekly Fortnightly Monthly Other:

INSTRUCTIONS FOR PAYROLL

Please forward a summary of contributions each pay period so we can recognise donations correctly.

EFT details: Account Name: Kolling Foundation BSB: 032-390 Account Number: 10-7597 Branch: St Leonards