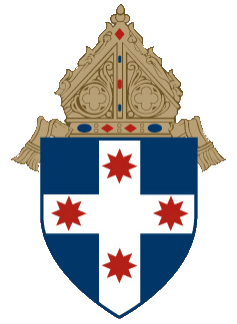


# WORKPLACE GIVING PROGRAM

Catholic Archdiocese of Sydney



## REGISTRATION FORM

Title:

Given Name:

Surname:

Employee ID:

Address:

Work Phone:

Email:

Signature:

Date:  |  |

Your Parish:   
*(nominated your parish to receive the donation credit)*

I wish to donate: (✓)

- Charitable Works Fund  
 Priests' Retirement Foundation

Amount *(to be deducted from my gross pre-tax fortnightly salary)*

\$  per pay period.  
\$  per pay period.

Start date:

Total \$

Please deduct my first Workplace Giving contribution from

 |  | 

I understand that my contributions are voluntary and that I can make changes to, or stop this arrangement at any time by contacting the Payroll Officer. My details will be kept in strict confidentiality according to the Privacy Policy of the Catholic Archdiocese of Sydney.

Thank you for choosing to participate in the Workplace Giving program. Your completed registration form can be sent to:

The Payroll Officer

Catholic Archdiocese of Sydney

Level 16 Polding Centre 133 Liverpool St Sydney NSW 2000

Fax: 02 9261 8312 Email: jenny.nghiem@sydneycatholic.org

