Fitzroy Community Hospice

WORKPLACE GIVING AUTHORISATION FORM

To get started, simply complete this form and send it to your payroll officer for processing. Donations will be taken from your gross pay each period and are also tax deductible.

Payroll officers: Please email accounts@fitzroyhospice.org.au for more information.

☐ This is a New Request ☐ I need to change an Existing Authorisation

YOUR DETAILS

Name

Email

Phone Staff / Payroll Number

Employer Name

I consent to my contact details being forwarded to Fitzroy Community Hospice for the purpose of (tick all that apply):

☐ Donation Acknowledgement ☐ Quarterly enewsletters

DONATION DETAILS

Yes! I would like to donate to Fitzroy Community Hospice. Please deduct the amount nominated below from my pay each period (tick one):

☐ $5 ☐ $10 ☐ $20 ☐ Other $ _____

☐ I authorise deductions to commence on the first pay date after receipt of this authorisation form. This authority will remain in place until cancelled in writing.

Signed: _____ Date: _____

If you would prefer to set up a regular direct deposit into the Hospice's bank account, here are the details:
BSB: 064709 | ***Account: 10901875*** | ***Account Name: Fitzroy Community Hospice***
Please use your name as a reference.

THANK YOU FOR YOUR SUPPORT

07 4887 4138 | 38 Agnes Street, The Range QLD 4700 | fitzroyhospice.org.au

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