



CATHOLIC ARCHDIOCESE OF MELBOURNE

## Employee Workplace Giving Authority Form

This form is to be completed by the individual employee wishing to participate in the Workplace Giving Program, and given to the Human Resources Office for processing.

Yes I would like to join the Workplace Giving Program	
Name: (Surname first in capitals)	
Department/Agency:	Contact Phone:
I authorise the Catholic Archdiocese of Melbourne (CAM) to make the following from my pay \$_____ each pay period effective from _____(month/year).	
I request that my donation be distributed to the following Catholic Community Agencies as follows:	
CATHOLIC COMMUNITY AGENCY <i>(All the listed Agencies are eligible to receive tax-deductible donations)</i>	DOLLAR AMOUNT \$
Caritas Australia	\$
CatholicCare	\$
Catholic Mission	\$
Catholic Social Services Victoria	\$
Melbourne Catholic Archbishop's Charitable Fund	\$
Melbourne Overseas Mission	\$
Opening the Doors Foundation	\$
Villa Maria Catholic Homes	\$
<b>Total Amount to be deducted from each pay</b>	<b>\$</b>
DONOR DETAILS	
<input type="checkbox"/> Please share my name and contact details with my nominated Agency(ies)	
<input type="checkbox"/> Please <u>do not share</u> my name and contact details	
<input type="checkbox"/> In line with the Catholic Archdiocese of Melbourne Privacy policy we will not disclose your information to any third party without your consent.	
AUTHORITY	
I request my donation to be deducted from my monthly remuneration. I understand and agree to the conditions contained within the brochure of the Workplace Giving Program.	
Signature:	
Date:	

**Please return form to:**

Human Resources, Catholic Archdiocese of Melbourne  
Level 1, 486 Albert Street East Melbourne VIC 3002 – PO Box 146, East Melbourne VIC 8002  
Telephone: (03 9926 5780 – Facsimilie: (03) 9926 5655 – Email: [workplacegiving@cam.org.au](mailto:workplacegiving@cam.org.au)  
This form can be downloaded from <http://www.cam.org.au/policies>