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| --- | --- |
| **EMPLOYEE NAME** |  |

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| --- | --- |
| **DECLARATION** | |
| I, as named above, an employee of Caringa Australia Limited (hereafter Caringa), confirm that I wish to make a regular tax deductible donation to support the delivery of the organisations activities.  I authorise Caringa to deduct funds from my pre-tax pay in the amount specified each fortnight.  I understand that Caringa will provide a record of my donations as a part of my Payment Summary at the conclusion of each financial year for use in preparation of my tax return. | |
| **AMOUNT TO BE DEDUCTED EACH PAY PERIOD** | $ |
| CARINGA AUSTRALIA LIMITED: Deductible Gift Recipient ABN:57 250 634 865 | |
| **COMMENCEMENT DATE OF WORKPLACE GIVING ARRANGEMENT** | |
| **The Workplace Giving arrangements described in this will take effect from the first pay period to commence on or after this date, and shall continue until withdrawn by me in writing** | |

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| --- | --- | --- | --- |
| **SIGNATURE** |  | **DATE** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **RECEIVED BY AUTHORISED CAL REPRESENTATIVES, COPIES ON FILE** | | | |
| **Payroll:** |  | **Date Received** |  |
| **Personnel File:** |  | **Date Received** |  |

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* ***Office Use Only*** \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*