



WORKPLACE GIVING REGISTRATION FORM

I would like to donate the following amount to Workpower Incorporated

\$10 \$15 \$20 \$50 Other \$-----

Your Details

Mr/Mrs/Ms ----- First Name ----- Surname -----

Address -----

Suburb -----

Phone No ----- Mobile -----

Email Address -----

Work Details

Employer -----

Company Address -----

Postcode ----- Phone -----

Please select one of the following:

I have set up a Workplace Giving account with my employer and you should begin receiving my donations shortly

The organisation I work for does not currently have a Workplace Giving Program in place. Please contact them to assist them to set one up.

Mail to:
Workpower Incorporated (ABN 35 376 907 735)
9 Leeway Court
Osborne Park WA 6017
Or fax to (08) 9445 3699