

WORKPLACE GIVING EMPLOYER REGISTRATION FORM

This form is to be completed by your Payroll/HR Department to register your organisation for the Mission Mate Workplace Giving program supporting Parramatta Mission

ORGANISATION DETAILS

Organisation Name:

Website Address:

ADDRESS DETAILS

Street Address:

City:

State:

Post Code:

Country:

PO Box:

City:

PO Box State:

Post Code:

CONTACT DETAILS

Contact Name:

Contact Position:

Email:

Contact Phone:

Contact Fax:

Payroll Name:

Payroll Phone:

Payroll Fax:

DONATION DETAILS (Workplace giving payments can be made by way of Electronic Funds Transfer)

First Payment Date:

Payment Frequency:

Weekly

Fortnightly

Monthly

Other (Specify)

Do you want receipt of your payment?

Yes / No

If yes, how often?

Name to be shown on receipt:

PAYMENT SUMMARY TO PARRAMATTA MISSION

To ensure all donations are recognised and credited correctly, Parramatta Mission requests a simple payment summary of your individual employee contributions

Payment Summary Frequency:

Fortnightly

Monthly

Other (Specify)

Please fax or post to Parramatta Mission to receive a Mission Mate Welcome Pack and our EFT details