



FOR EMPLOYEES: BKFA WORKPLACE GIVING SIGNUP FORM

Please complete this form and pass to your payroll department.

Full name_____

Position_____

Name of workplace_____

Department_____

Email address_____

I would like to donate per pay:

\$5 \$10 \$20 \$30 \$50 Other _____

Beginning from the following date _____

Please contact accounts@bkfa.org.au to obtain individual donor reference numbers for employees.

Donation reference: WPG (name of business/individual donor reference number)

Bank name: ANZ

Name of Account: Birthing Kit Foundation Australia

BSB: 015560

ACC: 492737593

Address: PO Box 330, BELAIR, SA 5052

BKFA ABN: 65 121 658 428

Declaration: I understand that I am authorising my employer to deduct the above amount from my pay to BKFA

Signature_____

Date_____