



## Workplace Giving Authorisation

Name: \_\_\_\_\_

Employer/ organisation name \_\_\_\_\_

Employee identification # \_\_\_\_\_ Department \_\_\_\_\_

Contact work: \_\_\_\_\_ Mobile \_\_\_\_\_

Contact email: \_\_\_\_\_

Yes, I would like to support Diabetes Research WA and authorise my payroll officer to deduct the amount indicated below each pay period, until cancelled by me in writing.

<input type="checkbox"/>	\$100
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<input type="checkbox"/>	\$50
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<input type="checkbox"/>	\$25
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<input type="checkbox"/>	\$10
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<input type="checkbox"/>	\$5
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Other amount \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Bank Account Details

Account Name: The Diabetes Research Foundation of WA

BSB: 306 057

Account number: 4159501

Diabetes Research WA  
GPO Box X2213  
PERTH WA 6847  
ABN: 43 743 957 408

**contacts**

p | +61 (08) 9224 1006  
f | +61 (08) 9224 1008

e | info@diabetesresearchwa.com.au