

WORKPLACE GIVING PAYROLL DEDUCTION AUTHORITY FORM

I will support The AIDS TRUST OF AUSTRALIA and hereby authorise my employer,

Name of employer: _____

To deduct, from my pay, the following sum each pay period:

(Please Circle) \$10 \$15 \$25 \$50 \$ Other_____

My gift is to be forwarded to the AIDS Trust of Australia

Australia until further notice.

Bank Details as follows:

THE AIDS TRUST OF AUSTRALIA

CBA

BSB: 062-005

ACC: 11206314

PERSONAL DETAILS *

Title: _____

Name: _____

Address: _____

State: Postcode: _____

Phone: _____

Email: _____

Employee ID: _____

Signature: _____

Date: _____

Contact Us

The AIDS Trust of Australia

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