

JOIN THE

WORKPLACE

GIVING PROGRAM



Charity name: STEPS Charity

Your Name _____

Employer's Company Name _____

Permission to participate _____

Donation amount each pay \$ _____ (minimum \$5 donation per week)

I understand that as a participant in the workplace giving program, the amount of tax withhold from my salary will be reduced to account for the amount donated each pay. Small donations will result in no or little change to the amount of tax to be withheld. By signing this form you agree to have the above amount deducted from your weekly salary.

Start date from pay period ending ___/___/_____

Signature _____ Date ___/___/_____



START GIVING TODAY

For more information call
Anne on 0418 741 624
www.stepscharity.com.au