Complete a   Workplace Giving Form   Ask your Workplace Giving   Goordinator or Payroll Office if your   company has a workplace giving   form. If they do, nominate Catholic   Mission as your preferred charity and   select your donation amount.	Submit your for Please return your comple form to your Workplace G Coordinator, Payroll Office Catholic Mission represen	eted iiving e or a	Contact Catholic Mission Contact Catholic Mission Nour Payroll Office can find our contact details on the Workplace Giving Form. If you elect to receive correspondence from us about the impact of your support, you will also need to ensure your workplace passes on your details to us.
Yes, I would like to re	ach out and give life	through Wo	orkplace Giving
I would like to donate the fo	ollowing amount to Cat	tholic Missio	n:
<b>\$</b> 16 per pay <b>\$</b> 35 per	pay 🗌 \$60 per pay	<b>□</b> \$100 p€	er pay 🦳 \$per pay
My Details			
Supporter Number		_ Employee	ID
Title First Nan	ne	Surname	
Postal Address			
Suburb	State	P	ostcode
Phone	Email		
Signature		Date	
Company Details			
Company Name			
Company Address			
Contact Name			
Contact Phone	Contact Er	nail	
☐ Yes, I would like to stay	up to date on the impa	act of my co	ntribution.
	Workplace Giving, Catholi PO Box 1668, North Sydney workplacegiving@catholicmi 1800 257 296	NSW 2059 ission.org.au	